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December, 1956

# ***Canadian Hospital***

- *Traditional Christmas*
- *At Red Lake Memorial Hospital*
- *Saskatchewan Hospitals Convene*
- *Ontario Hospital Association Convention*
- *Manitoba Hospital and Nursing Conference*
- *International Conference on Medical Records*



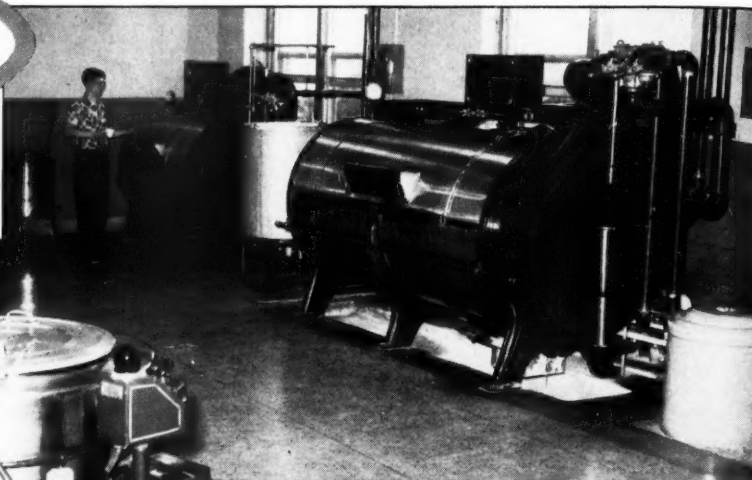
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## ◀ Notes About People ▶

### Appointed a Director of C.H.A.

At a meeting of the board of directors of the Canadian Hospital Association held in Montreal, November 9th and 10th, 1956, Eugene Bourassa, was appointed a director to fill the vacancy on the



Eugene F. Bourassa

Board caused by the death of the late E. V. Walshaw. Mr. Bourassa is president of the Saskatchewan Hospital Association. Born in Radville, Sask., he was employed with the Saskatchewan government prior to the last war when he served with the R.C.A.F. After becoming a chartered accountant, he took over the post of business-manager of the Regina Grey Nuns' Hospital in 1948.

\* \* \* \*

### Changes at Strathroy General Hospital

James E. Gough, accountant at Strathroy General Hospital, Strathroy, Ont., has accepted the position of office manager at North Bay, Ont. Mrs. Madeleine Branan succeeds him as office manager at Strathroy. Dorothy Doan, Reg. N., has recently become superintendent at Strathroy General Hospital, following Mrs. Irene MacKenzie, Reg. N., who had been acting superintendent.

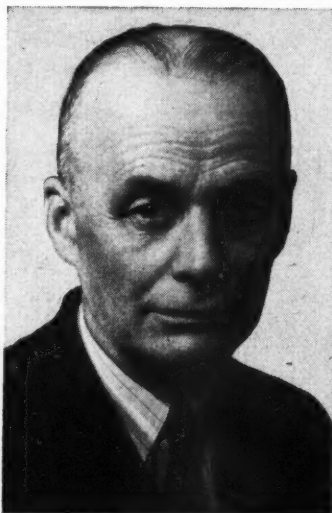
### Appointments at High River

Jean Squire has succeeded Mrs. B. J. McDonald as superintendent of the High River Municipal Hospital, High River, Alta. Tillie Hollowaychuk was appointed assistant superintendent, and a new official staff position, that of maternity supervisor, has been filled by Betty Griffiths.

\* \* \* \*

### Ends Career of Service

Dr. F. W. Jackson, selected by the federal government to administer the initial stages of its National Health Program, has retired from the post of Director of Health Services in the Department of National Health and Welfare, but will continue to assist with the health program, serving in an advisory capacity. Dr. Jackson was a recipient of the King George V Silver Jubilee Medal and the King George VI Coronation Medal for meritorious civil service. In 1950 he was awarded the medal of the Professional Institute of the Civil Service of Canada for outstanding achievement in the fields of public health and welfare. Dr. K. C. Charron, the present associate director, succeeds Dr. Jackson as director of health services in the Department of National Health and Welfare.



F. W. Jackson, M.D.

### Another Nominee . . .



Sr. Alice Gauthier

Admitted as a nominee for membership in the A.C.H.A. in September. Sr. Alice Gauthier's picture was unavailable for publication in last month's list. See November, page 52.

### First Newfoundland M.R.L.

Irene Baird of the staff of the St. John's General Hospital, St. John's, Newfoundland, has successfully written the registration examination of the Canadian Association of Medical Record Librarians. Miss Baird is the first person in Newfoundland to qualify as medical records librarian, the course and examination for her having been made available with funds provided under the National Health Program.

\* \* \* \*

### Moves to Terrace, B.C.

Gordon Collins has taken over the duties of administrator of Terrace and District Hospital, Terrace B.C. Leaving Shaughnessy Veterans' Hospital, Vancouver, he replaces Peter Hodge who has accepted a similar position in Haney, B.C.

\* \* \* \*

### Christena Wilson

A former superintendent at the Cornwall General Hospital, Cornwall, Ont., and Winchester District Memorial Hospital, Winchester, Christena Wilson died suddenly in October, having suffered a severe stroke. Although she had retired a little more than a year ago, her name recalls memories of a diligent and efficient nurse in the hospitals where she has worked.

\* \* \* \*

### Registered Nurses' Appointments

Grace Motta has been appointed registrar of the Saskatchewan Registered Nurses' Association. Miss (concluded on page 18)





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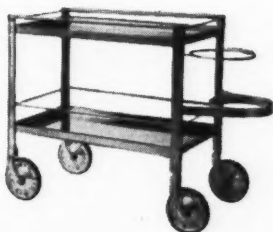
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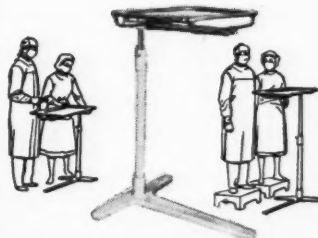
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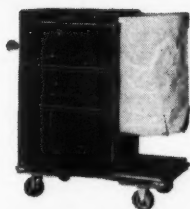


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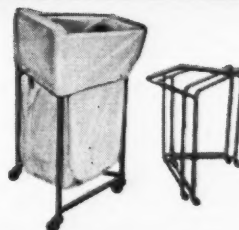
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Owen Conolly Trainor

**H**OSPITAL people all across Canada will have been grieved to hear of the sudden death of Dr. O. C. Trainor of Winnipeg at his office in Ottawa on November 28. He was honorary vice-president of the Canadian Hospital Association when, in 1953, he was elected to serve his country in the federal parliament. He died in his sixty-second year.

A native of Moncton, N.B., he attended St. Dunstan's College in Charlottetown, P.E.I., and was graduated from McGill University, Montreal, in 1920. Subsequently, he undertook post-graduate study in pathology.

Early in his career Dr. Trainor moved farther west to Winnipeg where for over 25 years he was medical director and pathologist at Misericordia General Hospital. Throughout most of those years, he represented the sisterhood in charge of the hospital in their dealings with outside agencies and organizations.

An untiring exponent of voluntary prepaid hospital care, he was associated with the late Dr. George F. Stephens and others in establishing the first Blue Cross plan in Canada, that in Manitoba. In later years he served for several terms on the governing board of the Canadian Council of Blue Cross Plans.

Dr. Trainor did much to strengthen the Manitoba Hospital Association (now the Associated Hospitals of Manitoba) in its early years and served as its president in 1945-46. He was, too, one of the group who encouraged the establishment of the Western Canada Institute for Hospital Administrators and Trustees, held for the first time in Winnipeg in 1946, and now an important annual event in the western provinces. He was a member of the Board of Directors of the Canadian Hospital Association for ten years, serving as president in 1951-53.

Concerning his contribution to hospitals at the national level, Dr. Harvey Agnew, his friend and associate for many years, has said: "He was indefatigable in his support of the Canadian Hospital Council (now the Canadian Hospital Association) in its tender years. At that time, the early thirties, he served on the executive of the Canadian Medical Association and strove always to stimulate among physicians an interest in the problems faced by hospitals. Always he was a man of high ideals and broad vision, truly a leader among hospital leaders, and it was fitting that he should become president of the association he had helped to foster. Dr. Trainor will be sorely missed."

#### Notes About People

(concluded from page 12)

Motta is the former director of nursing of the Moose Jaw Union Hospital. Lola Wilson remains as executive-secretary-treasurer of the association, having previously combined the work of registrar with these duties.

• Sydney J. Parsons, a graduate of the course in hospital administration at the University of Toronto, has accepted a post with the Hospital Administration and Standards Division, Department of Health, Regina, Sask. Mr. Parsons has recently completed his internship at Toronto East General and Orthopaedic Hospital.

• Col. E. C. Armstrong has resigned as administrator of Victoria Public Hospital, Fredericton, N.B., He is succeeded by R. H. Stocker of Corner Brook, Nfld., who is president of the Maritime Hospital Association.

• Peter M. Breel, until recently office manager at Norfolk General Hospital, Simcoe, Ont., has gone to Chatham Public General Hospital, Chatham, Ont., to assume the duties of purchasing agent.

• Mrs. Margaret Boehner, R. N., recently left Sudbury and took up duties at the Blanchard-Fraser Memorial Hospital, Kentville, N.S., as superintendent of nurses.

• Mrs. Eileen J. Walker has been appointed matron of the Three-Way Chronic Convalescent Hospital at Rimbey, Alta., to succeed Mrs. M. Graham, in that position.

• Sr. Helen Levasseur has been appointed Sister Superior of St. Joseph's General Hospital, Vegreville, Alta., to succeed Sr. Josephine Boisseau, who is now retired.

• Dr. E. R. Tiffin has been named chief of staff at the New Sydenham District Hospital, Wallaceburg, Ont.

• Mrs. Beth Claridge has resigned her position as general superintendent at the Meaford General Hospital, Meaford, Ont.

• Sr. Dorina Frigault has been appointed superintendent of nurses at Hôtel-Dieu de St. Joseph, Edmundston, N.B.

• Avis Haug has taken over the duties of matron at the Shellbrook Union Hospital, Shellbrook, Sask.

Use Time well, and you will get from his hand more than he will take from yours. — Anne Warner.



1 J. J. KENNEDY  
Vancouver



2 M. R. WEISS  
Calgary



3 K. J. GILPIN  
Edmonton



4 D. ENTWISTLE  
Regina



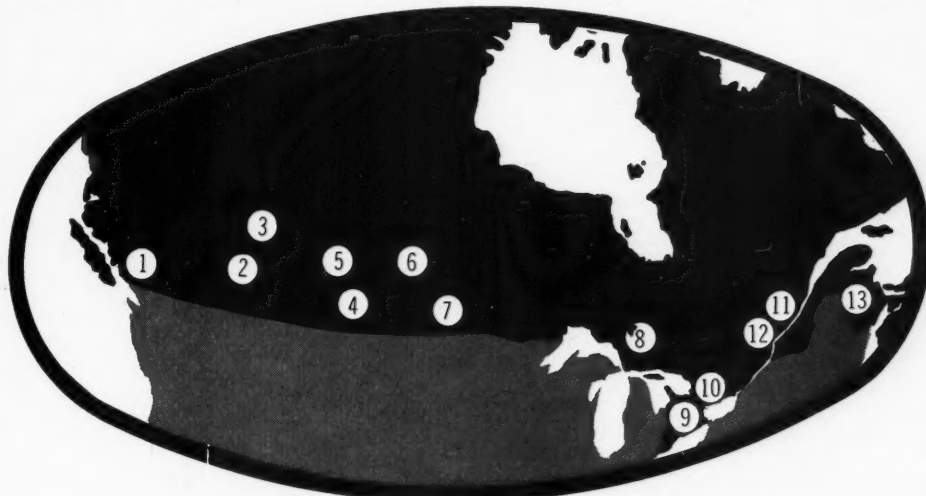
5 K. R. JONES  
Saskatoon



6 G. A. MCBRIDE  
Western Manitoba



7 J. F. DOUGALL  
Winnipeg



G. L. MACKEY  
Western District Manager



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8 W. REDMOND  
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9 J. W. FULTON  
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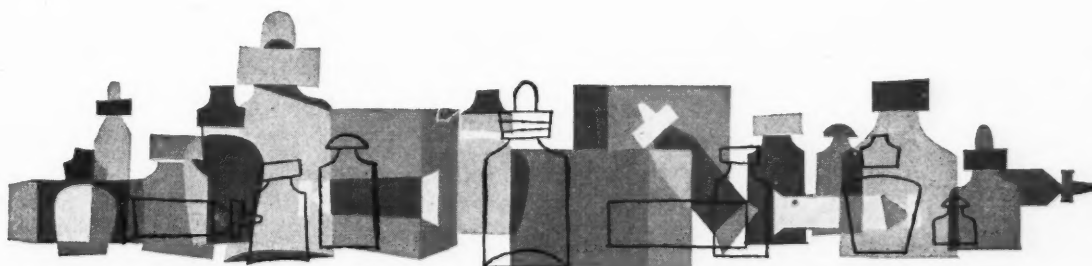
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## X-ray Technicians Meet In Victoria

Early in September x-ray technicians from all over Canada, converged on the Empress Hotel in the beautiful city of Victoria. Here, for four days, they held the 14th annual convention of the Canadian Society of Radiological Technicians.

Among the matters discussed was that of reciprocity of membership with Australia. Such an arrangement already exists between Canada, U.S. and Britain.

Dr. J. G. Stapleton of Hamilton, Ont., announced the appointment of the new bilingual member to the Committee on Qualifications—Dr. Jean Pierre Jean, of Montreal, succeeding Dr. Jean Bouchard.

The Committee on Technical Training presented a comprehensive report, by Dr. E. A. Petrie of Saint John, N.B., on the organization and accrediting of training schools for x-ray technicians. Dr. Petrie is co-ordinator of the Joint Committee of the Canadian Association of Radiologists and C.S.R.T. Arrangements

were furthered for the admission of therapy technicians to the C.S.R.T., which has previously only accepted radiographers.

The C.S.R.T. has recently become an associate member of the Canadian Hospital Association and a delegate was appointed to attend the annual meeting of this organization.

The next gathering will be held in Washington, D.C., early in June, 1957, when the second international joint convention of the American Society of X-ray Technicians and C.S.R.T. will take place. Winnipeg was selected as the location for 1958.

Election of officers made David C. Sage, Niagara Falls, Ont., president for 1956-57, with Wm. Doern, Winnipeg, as vice-president.

Many interesting papers were given and also three refresher courses. Harold Batho, PhD., of Vancouver, gave a course in physics; Frank Dreisinger, Picker X-ray Corporation, a series of lec-

tures on radiographic technique; and Lieut. Tait, R.C.N., presented a course on instructional technique. The well-known physicist, Dr. Dale Trout of the x-ray department, General Electric Company, Milwaukee, Wis., spoke on "The Inherent Filtration of the Diagnostic X-Ray Tube".

Among the papers was an address by Dr. F. G. Stuart, St. Joseph's Hospital, Victoria, on "Radiographic Mirages"; one by Sister Edmund Campion of Halifax on Fixer Neutralizer; and another by John Stanley of the Du Pont Company of Canada on "Intensification of Underexposed Films". A return to his old stamping ground was made by Percy E. Hunt, who served the C.S.R.T. in the capacity of president and again as secretary some years back and who is now assistant director, Division of Hospital Administration and Standards, Department of Public Health, Regina, Sask. Mr. Hunt was well qualified to discuss the relationship between the hospital administrator and the x-ray technician. —L. J. Cartwright, R.T.

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## Obiter Dicta

### Christmas — 1956

AT this time our thoughts turn to the true meaning of Christmas. While our era with its gross materialism has commercialized this great Christian Festival, to a large extent, yet in Canada it is still a time when the spirit of good will is very much in evidence. However, at the time of writing there is much in the news which is ominous and indecisive. The world is very sick and in widely scattered areas there is certainly no peace. The forces of evil are wide spread and while Canadians may look forward to relative security and bounty this Christmas, there are many lands where people are hungry, or are giving their lives for principles which to them are more important than life itself.

The readers of this journal are a diversified group. Many differ in language, religion, and cultural background. Yet all are united in a common humanitarian effort—the care of the sick. As we see the plight of so many of our fellow men let us humbly give thanks that as a nation we have been spared in large measure the tribulation which is the lot of so many people today. Let us re-dedicate ourselves to the tasks which lie ahead, both as individuals and as a nation. As individuals we cannot bring about the age of peace which is the yearning of all people of good will. Yet, if in our daily contacts with people we practice the golden rule, we shall create some happiness in a world which badly needs much more of the Spirit of the Prince of Peace. At this season when we are enjoying the fellowship of our families and our friends, let us also take time for meditation and prayer and remember those countless millions whose lot is not a happy one this Christmas.

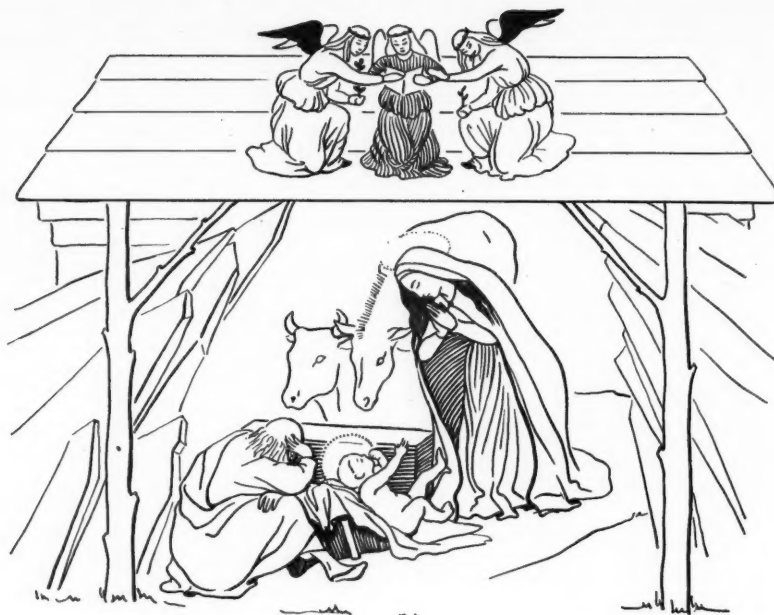
### You Were Asking

AN important part of any administrative position is in knowing where to find information. Every hospital superintendent must keep himself or herself informed on how other hospital administrators

manage specific issues. One of the values of hospital conventions is the opportunity afforded of hearing discussions from various points of view on many subjects which we all encounter in our own work. Even if we do not find the complete answer to our own particular problem we come away convinced, at least, that other hospital superintendents have very much the same trials as we have, or that perhaps they have not found any better solutions than the ones we have already adopted. This knowledge gives us the feeling that we are not alone, since any situation we may encounter in our every day work has been met by many others. In seeking answers to our questions we have to remember however that the size of the hospital represented and local conditions must be taken into account in applying any particular solution to our own situation. Thus the way a large hospital may handle a particular problem will not necessarily be satisfactory for a 15-bed institution.

Because much of the material presented in *The Canadian Hospital* originates from writers who work in large institutions, it is our belief that special attention should be given to hospitals under 50 beds in size. Small hospitals do not have the wealth of technical assistance available at department head level to assist the administrator. Hence many of the ideas expressed in an article written from the view point of a large hospital have to be translated into terms of what is possible in a smaller institution.

From time to time, we plan to publish questions which are answered by people in all sizes of hospitals. The answers will be given from the point of view of administrative policy of the hospital concerned and the reader will be able to check a series of viewpoints against current procedure in his own hospital. There is a saying that two heads are better than one, and it is hoped that this series will supply hospital superintendents, and particularly those administering small hospitals, with answers to some of their day to day questions. See page 59 of this issue, page 84, November, and page 76, October.



From Botticelli by P. Rice

## Voeux de Noël

J'AI encore le plaisir, de la part de mes collègues et des directeurs, d'exprimer, à tous nos lecteurs, nos meilleurs voeux de joyeux Noël et nos souhaits de bonne année.

Au cours de mes voyages, ces dix-huit derniers mois, de l'océan Atlantique au Pacifique, j'ai pu constater une grande évidence de ce qui peut être réalisé, lorsque des personnes, ayant des intérêts intenses mais variés, se réunissent pour discuter de difficultés communes relatives à l'institution de soins hospitaliers et à leur financement.

Un de nos principaux problèmes, à cette époque merveilleuse de machines, ressort de la nécessité d'assurer constamment que les services rendus par l'hôpital soient toujours des services personnels. Il faut préserver la dignité et l'identité du patient comme individu; il faut que nous prenions garde qu'il devienne seulement "un autre malade" ou un numéro.

A cette saison de fête, quand nous pensons plus que jamais à l'individu, nous devrions nous vouer au principe du service personnel pour toute l'année.

## Christmas Greetings

ONCE again it is my privilege, on behalf of my fellow officers and directors, to extend to each and every one of our readers warmest greetings at Christmas time and to wish you well in the New Year.

During my travels these past eighteen months, from the Atlantic to the Pacific, I have seen ample evidence of what can be accomplished when people with intense yet varying interests in hospital work sit down together to discuss common difficulties regarding the provision and financing of hospital care.

One of our greatest problems in this wonderful age of automation is the constant effort we must exert to ensure that hospital service is always a personal service. The individual dignity and identity of the patient must be safeguarded; we must be constantly on the alert that he does not become just "another case" or a number.

In this festive season when our thoughts about individuals are uppermost, we should re-dedicate ourselves to the spirit of personal service throughout the year.

*Robert Turner*

Le Président de  
l'Association des Hôpitaux du Canada

President  
Canadian Hospital Association



A RECENT exhibition at the Royal Ontario Museum, called "The Bible in Print", displayed some very rare and ancient editions of Holy Scripture. The most valuable item in the collection was two pages from the famous Gutenberg Bible published exactly 500 years ago in 1456, 36 years before Columbus sailed the ocean blue. Not only is this the first Bible, it is the first book of any kind ever printed with movable type and the printing of that Bible influenced the course of history more than any other single incident. There was also the first New Testament printed in English by William Tyndale in 1525; and when you remember that Tyndale was burned at the stake you think gratefully of all the brave martyrs who gave their lives in order that this book might be read and known by the general public. Another Bible on display, of special interest to ex-servicemen, was a Soldiers' Pocket Edition, 315 years old, a copy of which Oliver Cromwell presented to every soldier in his army. On viewing this exhibition, I decided to discuss the literary and spiritual contribution which the Bible has made to the world's progress and to indicate some of the reasons why this book is generally regarded as the supreme book of mankind.

The English word Bible comes from the Greek noun *biblia*, meaning a library. That is exactly what the Bible is: not really a single volume but a collection of 66 books. Many different types of literature are to be found in this library — poetry as in the Psalms; history as in the Book of Kings; biography as in Ruth; sermons as in the Gospels; and letters as in the epistles of St. Paul.

The Bible was not dropped out of the heavens like a meteorite, all divided into small chapters and verses and thoughtfully written in English, so that Canadians could read it without difficulty. It was written by men partly in Hebrew and partly in Greek over a long period of time, at least ten centuries. Between the various authors there is a wide difference in education and social background. Amos, for example, was an unlettered shepherd; Paul was a university graduate, and 800 years lie between them. Yet there is a golden thread running through the Bible, giving its component parts a remarkable

*The author is Minister of Rosedale United Church, Toronto. This article is from a sermon delivered on Sept. 16, 1956.*

## The Book of Books

Rev. G. MacGregor Grant, M.A.,  
Toronto, Ont.

similarity and binding the different books together as the thread of a necklace binds the different beads. That golden thread is a unique consciousness of God and the consistent belief that our relationship to Him is of paramount importance.

The average person does not realize the degree to which the Bible has become part and parcel of our English speech. Yet every day we use household expressions which come from this source. When breakfast is ready, we rouse sleepy children with the cry "rise and shine." That's from a verse in Isaiah: "Arise and shine for thy light is come." We say "I got away by the skin of my teeth". That comes from the Book of Job. We say: "a little bird told me". That comes from the Book of Proverbs. We say "that man is the salt of the earth", which comes from the Sermon on the Mount. We say "that fellow is my thorn in the flesh", quoting Paul. We say "he's a wolf in sheep's clothing" and those are the words of Jesus.

I could give you dozens of similar quotations. In a single edition of the *Globe and Mail* recently, I counted no less than 11 Biblical expressions. Readers who did not recognize these could not appreciate the relevance and aptness of the quotations. If you do not know your Bible, you cannot understand some of Winston Churchill's most eloquent phrases and you miss the fine points of the greatest dramas

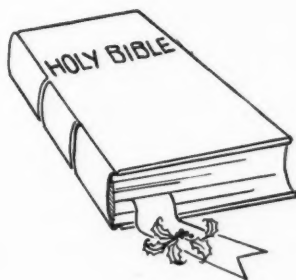
all the way from Shakespeare to George Bernard Shaw. Yet to-day, even university graduates are quite content to remain in serene and colossal ignorance of the Bible which has contributed more to the culture of the Western world than any other single book.

### Stories

Of all the types of writing to be found in the Bible, none has left such an enduring impression on the reader as its stories. The Bible stories are unique because they are so clear and vivid, because the plots are worked out in such logical sequence, and because the Bible writers had such a marvellous knowledge of human nature. There is not a single sort of person known to us who does not appear in the Bible tales. There you will find the wise and the foolish, the faithful and the treacherous, the spendthrift and the miser. There you meet bad-mannered children, lovesick girls, prodigal boys and cynical old men. These Bible characters are particularly fascinating because they have so many modern characteristics and that is why we use them as similes of men and women we know to-day. We say he or she is as meek as Moses, as wise as Solomon, as patient as Job, as treacherous as Judas. Our very use of these similes in ordinary conversation indicates the vitality and influence of the Bible stories.

To illustrate the dramatic power of these ancient story tellers, let me quote a passage from the second book of Samuel. This book tells the deathless tale of Absalom, the handsome but false-hearted prince who led a rebellion against his father, King David. Absalom is killed in battle and this is how the writer describes the manner in which the heartbroken father receives the news:

And David sat between the two gates. And the watchman lifted up his eyes and looked, and beheld a man running alone. And the watchman cried and told the king. And the  
(concluded on page 74)



## Traditional Christmas



**O**LD traditions are still maintained at St. Mary's Hospital, Dawson, Y.T. and the coming of Santa Claus on Christmas eve is a very special occasion for the patients and for the many old pioneers finishing their days at St. Mary's. Shortly after seven o'clock all assemble in the lobby before a well furnished Christmas tree. All are as eager as children. The program opens with the singing of carols. Santa then arrives from the North Pole on his way south. He greets all personally and distributes gifts to everyone. It is a pleasure to see the old faces become animated as they receive their gifts. An artificial fire-place and electrical Christmas novelties help to keep up the Christmas spirit for many a day.

The tradition of service in St. Mary's itself dates back to the time when the community which was to become Dawson City first mushroomed in the early days of the Klondike Gold Rush. In 1897, Rev-

**Sister Mary Jean,  
Superior,  
St. Mary's Hospital  
Dawson, Y. T.**

erend William Judge, S.J. came to Dawson from Forty-Mile, where he was stationed, bringing with him his first aid kit, which he pulled, sled ropes over his shoulders, as he trudged wearily over the dark frozen Yukon River, not in search of gold or wealth but moved by zeal for his countrymen.

After spreading his tents on arrival, Father Judge found that his services, as one experienced in Arctic maladies and frostbites, were instantly in demand. He lost no time in securing the ground on which he was to build St. Mary's Hospital. Men started to gather logs and clear the ground. The claims of the sick were so urgent that the men worked feverishly during June, July and August. The log hospital was opened on August 20th, 1897. The Sisters of St. Ann

from Holy Cross, Alaska—a thousand miles by river from Dawson—were asked to come to this area to help care for the sick. A group began the long journey but were forced to return after travelling six hundred miles, because of low water in the Yukon. They arrived finally in the summer of 1898 to begin their service, later taking full charge of the hospital.

During its first fifty years of operation, St. Mary's Hospital was transformed from a log building with beds of grass-filled ticks, wood stoves and packing cases that served as tables, into an up-to-date, well-equipped institution serving a large area. The first step in the expansion of the hospital was taken in 1898 when a three-storey addition was built to meet the exigencies of the typhoid fever epidemic of that year. In 1906 the original structure was replaced by a large frame building. However, this building received little new furniture or equipment and the decreasing need for hospital service in the area made further expansion impractical until about 1935. Since that date the demand for accommodation has increased and in 1940 the maternity section was extended. In 1942 the kitchen department was enlarged and a children's ward was added. A section for tuberculous patients was erected in 1944 and in 1948 the jubilee extension was formally opened, bringing patient accommodation to 100.

The new St. Mary's hospital provided a composite service to the people in the area. Besides caring for emergency cases and the critically ill, the hospital operated a psychopathic ward, an old people's section and an Indian Service Department. The new extension provided



an isolation section, relieved congestion in the medical nursing section and provided needed space for hospital auxiliaries.

Hundreds of patients found relief within the walls of St. Mary's until January 10th, 1950, when fire entirely destroyed it. In spite of the 40 below zero climate which froze the water from high-pressure hoses as it hit the walls and the windows, and the icy arctic winds which whipped the flames high into the air, all patients were saved except for one Sister, a devoted worker since 1904, who died that very night as a result of the smoke.

Because of the hardships following the fire, the Sisters were forced to act quickly. There was no question of building at forty and fifty degrees below zero. Two large government buildings, unused for years, were viewed tentatively. Permission was requested from Ottawa to remodel the former Court



House into a hospital. Permission was granted. Today a 25-bed hospital is ministering to the wants of the present population. The aged pioneers, many living well into the nineties in the healthy Yukon climate, the nurses and the sisters

also had to be housed. The former Governor's home is now used for this purpose, everything possible being done to make the old pioneers comfortable and happy.

As a result, the work of St. Mary's is now going on under two roofs. All are hoping that some day a hospital can be built so that all work can be carried on in the same building, thus eliminating many difficulties especially during the long cold winters. Walks in the fresh air may be very agreeable, but not so a walk at midnight or two in the morning at 60 below zero to answer an emergency call.

The present staff at St. Mary's Hospital is made up of two Sister nurses, four graduate lay nurses and one orderly. There is one doctor in Dawson. Most hospital services can be given to patients. When this is impossible, patients are flown to Whitehorse, Edmonton or Vancouver.

#### Fish-hook removal and papoose delivery—

## All part of a day's work

AS Albert Schweitzer once wrote, here we are "on the edge of the primeval forest". Red Lake is in Northwest Ontario (so blithely disregarded by Bruce Hutchinson), 175 miles north-east of Kenora, 140 miles north-west of Dryden and 536 air miles south of Churchill, Manitoba. The main C.N.R. line lies 90 miles south of us. Winnipeg south-west of here is 172 miles by air.

This is a gold-mining district first opened in 1926. The first mine, Howey Gold Mine, is not operating now, and this hospital is in the converted bunk house of that mine. Several mines have opened in the district with only six operating at the present time, none of these in Red Lake proper. This is unorganized territory with two improvement districts. The improvement district of Red Lake began in January 1955. The population of the whole district is approximately 5,000.

North of here are two nursing stations run by the Indian Health Services, one at Pikangikum and one, opened last year, at Sandy Lake. Our hospital is half-way

**Mary F. Bullis, R.N.,**  
Nurse-in-Charge,  
Red Lake Memorial Hospital,  
Red Lake, Ont.

house between them and the Sioux Lookout Indian Hospital 240 miles away. Consequently one-third of our patients are Indians, mostly of the Ojibway tribes and a few Crees. Of the Indian patients alone, one could write a book. They could be called primitive and backward, and on the whole you would be right. However, the more one sees of them, the more one realizes our responsibility to them as the first citizens of Canada.

This hospital was named the Red Lake Memorial Hospital and has been operated by the Canadian Red Cross Society as an outpost hospital since its inception in the fall of 1947. Head Office is in Toronto, 1,386 miles away. Madsen Red Lake Gold Mines and Starratt Olsen Gold Mines, as well as the district of Red Lake, help to support it: The hydro communities at Ear Falls and Manitou Falls bring patients here also. The Margaret Cochenour Memorial Hospital, 10 miles east of

here, serves the mining communities of McKenzie Island, Balmer-town and Cochenour.

Our hospital is a two-storey building with the patients' rooms upstairs and the service rooms and living quarters downstairs. At present, we have accommodation for 19 adults, 3 children and 5 bassinets in the nursery, as well as 2 clothes baskets for emergencies. Downstairs is the operating room, x-ray room, minor surgery, office, kitchen, laundry, furnace room and nurses' living quarters. Living in are three registered nurses. There is a domestic staff of five full-time workers and two for relieving. The normal nursing staff is made up of one nurse-in-charge, four registered nurses and two aides. We organized a group of high school students, interested in nursing, to assist for two hours in the evenings giving out h.s. nourishment, et cetera. They proved most helpful and seemed enthusiastic. For 1955, the average census was 14.5, and the number of admittances was 951.

A normal day begins as the day



nurse wakens to the wheeze of the refrigerator and the clatter of pots and pans from the kitchen across the hall. Sometimes, even before you can sit down to breakfast, someone is complaining about the stove or the washing machine, or perhaps some of the staff have not turned up. After breakfast, the night nurse gives her report of what has happened since midnight. If an accident should occur during the night or any extensive emergency operation needed, all nurses rally to help without being asked. It is not uncommon to see worthy citizens sitting in the lobby at 4 a.m. ready to donate blood for some emergency.

Then after all minor problems are straightened out and the daily menu gone over with the cook (all perishable supplies coming in from Winnipeg), you settle down to deal with correspondence, reports and inventories. It is most difficult to concentrate on these matters for any length of time due to interruptions such as phone calls, decisions to be made, interviews for staff, new admissions, et cetera. If an operation is scheduled for the day, the operating room has to be set up and supervised as the nurse

on duty is fully occupied with patients upstairs. Around 9.30 or 10, out-patients, with or without appointments, dribble in and patiently wait for the doctor to arrive. Admission chest x-rays, or any others required by the doctor, are taken. Sometimes, the nurse on duty needs assistance or has to be relieved for a day off (local relief is not always available). Fortunately, we have very few chronically ill patients, this being a young country. During an average day, we admit four people and discharge four.

#### Indian Patients

The Indians, who come in for treatment or advice, bring a note written in English if some of the family or friends can write. One never knows when McLeod's taxi is going to pull up with five or six Indians just off the plane from Trout Lake. Sometimes they are quite ill and have to be transferred to the Sioux Lookout Indian Hospital for such long-term illnesses as tuberculosis. Some of them can be sorted out and sent to board with Indians across the road in Tomahawk village. These can be treated as outpatients. As there is no Indian agent stationed here, we have

a lot of problems to straighten out for them: such as arranging plane passage home; providing information about some one in the family who is ill in some other hospital, about family allowance, clothes or food; or even keeping someone's money for him until the next day so that he won't spend it playing poker, et cetera.

A young Indian woman, whose husband states "him sick", is admitted and perhaps an hour later delivers a healthy papoose with a typical blue spot at the base of the spine. These people are great actors and may have as many as six young braves carry them in rolled in a blanket when they are perfectly capable of walking. However, their acceptance of this hospital as a place of help and healing has greatly increased since 1947. Now, mothers fly down from 100 miles or so to have their babies white man style.

The rest of the patients, two-thirds of them, come from the men, and their families, who work in the mines or make their living because of the mines being here. Any mining accident case or serious illness, which cannot be handled here, is flown in to Winnipeg with a nurse escort. The nurses get enough flying practice in all types of planes. At first, they are eager to fly to Pikangikum or Sandy Lake to bring back an ill infant in his tik-anogan; but after a few bumpy rides with a cold breeze around legs and head, the novelty wears off.

This should bring us up to the dinner hour which is usually at 12 noon but often delayed. Meal-time here is never without some interruption or other and even the patients forget nurses have to eat. By this time also, Dr. Crispin our local doctor has made rounds and attended to the out-patients.

After dinner, Mr. Tingley our congenial handy-man takes the mail to the post office and brings back the mail which is supposed to come in by plane from Winnipeg once a day. He usually has many errands to run for the hospital which is a good half-mile or so away from the shopping district.

At four o'clock, the evening nurse comes on duty and is given the report and any instructions. Now there is time to work on the monthly report or consult Mr. Tingley about the garden or supplies coming in.

Lately, we have been honoured by the visit of such distinguished

*(continued on page 72)*



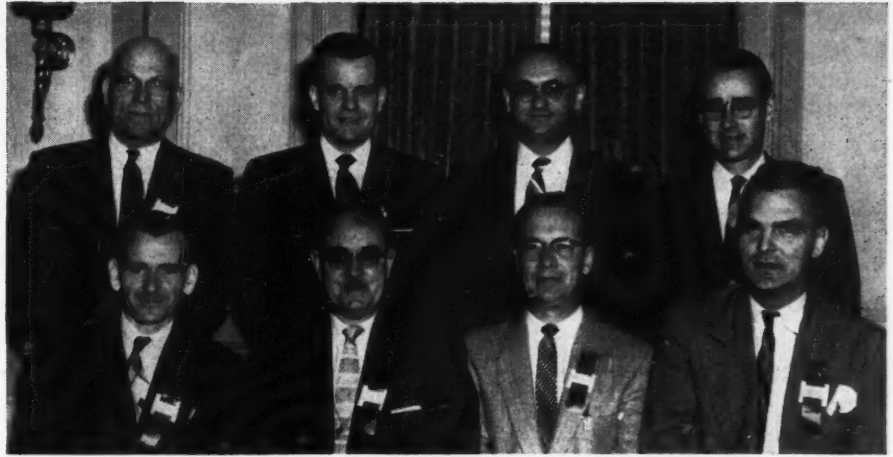


*Variety*

*and*

*Vivacity*

*Mark*



*Seen here are the officers and directors of the Saskatchewan Hospital Association for 1956-57. Seated left to right: W. O'Neil, Saskatoon, director; E. C. Barton, Regina, vice-president; E. F. Bourassa, Regina, president; H. H. Bassett, Prince Albert, past president. Standing: N. A. Hall, Shaunavon; Dr. Arnold Swanson, Saskatoon; M. F. Kushnir, Canora; and J. L. Fawcett, Rosthern, all directors.*

## Saskatchewan Hospital Association Convention

THE thirty-eighth annual convention of the Saskatchewan Hospital Association was held in the Bessborough Hotel, Saskatoon, October 24th-26th, 1956. At the opening ceremonies, greetings were conveyed by Mayor John McAskill of Saskatoon and Dr. J. Gilbert Turner, president of the Canadian Hospital Association.

In his presidential address, E. F. Bourassa paid high tribute to the late E. V. Walshaw, former executive secretary of the Saskatchewan Hospital Association who died on September 21st, 1956. The president said, "We have not only lost a tried and true employee, but the hospitals of this province have lost a highly respected friend. By his unfailing courtesy, his comprehensive grasp of hospital matters, his executive ability and his willingness to be of service to any hospital, at any time, in any part of the province, Wally had gained the confidence and respect of all with whom he had been associated. His death leaves a vacancy that will be extremely difficult to fill. As a tribute to his unfailing service, and as an expression of sympathy to his bereaved family I ask you to rise and observe with me one minute's silence."

### W. Douglas Piercey, M.D.

The honorary secretary-treasurer's report was presented by W. O'Neil, business manager of St. Paul's Hospital, Saskatoon. He said it was imperative that the association expand its activities, increase its financial budget, find a permanent location for its secretarial office and seek incorporation. Total receipts for the year were \$17,176.40 and disbursements \$15,002.91.

C. E. Barton, assistant superintendent of the Regina General Hospital presented a revised constitution which was approved unanimously. A major change was the method of appointment and duties of the nominations committee. Appointed by the executive of the association, the committee would serve for one year. It consists of a chairman, two members representing hospitals of 100 beds and over and two members representing hospitals under 100 beds. It is the duty of the nominations committee to convene as two sub-committees on the first day of the annual meeting of the association. The sub-committees receive and consider the eligibility of nominees according to the hospitals represented by each sub-

committee. The nominations committee post a list of eligible nominees in a prominent place on the convention floor at least one-half day previous to the election. Additional nominations for any of the offices may be made from the floor. In addition, both sub-committees and the chairman are responsible for the conduct of the election, which is held in the afternoon of the second day of the annual meeting. The election of officers and directors for 1956-57 was carried out under these new provisions.

Dr. G. W. Peacock, Registrar of the College of Physicians and Surgeons of Saskatchewan, presented a paper entitled "Should Doctors be on Hospital Boards?" He contended that they should and gave many reasons to support his thesis. Lively discussion followed during which the speaker admitted that doctors possibly should not be on boards of very small hospitals. This was the only ground he gave however, and for medium and large size hospitals he maintained there was no logical reason why doctors should not be full voting members of the Board. The doctor chosen should be the president of the medical staff elected by his colleagues.

W. J. Moore, Secretary-Manager

of Wilkie Union Hospital, presented a paper on "Radiology Fees for General Practitioners". This is a special problem in his area where general practitioners interpret x-ray plates as there is no local radiologist. The government's present schedule of fees does not allow for payment to the practitioners because they are not trained radiologists. During discussion, Dr. G. W. Peacock stated that any physician is entitled to payment where he renders a service.

Dr. W. Douglas Piercey, executive director of the Canadian Hospital Association, reported on activities of that organization under the following headings: national hospital insurance, accreditation, disaster institutes, education, library service, *The Canadian Hospital*, annual directory, and the 1957 biennial meeting. A final report on the United Kingdom Nurses' Project was given by Miss Lola Wilson, executive-secretary of the Saskatchewan Registered Nurses' Association, in which she reviewed experiences over the past three years.

L. T. Muirhead, superintendent of Saskatoon City Hospital, out-

lined the method of payments to hospitals, dealing specifically with deficits incurred in the year 1954 and their disposition by the Saskatchewan Rate Board. The training of secretary-managers was reviewed by W. C. Hibbert, superintendent of Wadena Union Hospital. His report covered a decision of the 1955 convention to establish an extension course of one year's duration for the training of secretary-managers of small hospitals. Subsequently, he said, negotiations had been held with the Department of Health of Saskatchewan, the W. K. Kellogg Foundation, and the Canadian Hospital Association. All groups are now studying details of the proposed program. N. R. Werezak, secretary-treasurer of the Hafford Union Hospital, reviewed the Workmen's Compensation Board's schedule of fees as applied to hospitals in Saskatchewan.

#### Hours and Salaries

The final item on the first day's program was a panel discussion on hours of work and fringe benefits for hospital staffs. W. O'Neil acted as chairman, other members being H. H. Bassett, superinten-

dent, Victoria Municipal Hospital, Prince Albert; Sister Mary James, administrator, Holy Family Hospital, Prince Albert; Lola Wilson; and J. L. Fawcett, secretary-manager, Rosthern Union Hospital. Discussion centred around salaries and perquisites for graduate nurses. Arising from the special meeting of the Saskatchewan Hospital Association in December 1955, a report regarding a 40-hour week for nurses and minimum salaries was presented by W. O'Neil, on behalf of the executive. The report stated that the time was not opportune for changes in the hours worked by graduate nursing staff in Saskatchewan hospitals. It recommended the adoption of the following minimum salary schedule: \$230 per month for hospitals up to 24 beds in size; \$225 for hospitals 25 to 100 beds; and \$220 for hospitals over 100 beds with increments of \$5 every six months for a period of three years. This schedule would apply to nurses registered in the province of Saskatchewan. For those not registered, the recommended salary was \$20 less in each case. The report also stated that fringe benefits on an average amounted to some \$325 per year. The report of the committee of the executive was approved unanimously.

During the panel discussion many pertinent and some humorous points were raised. One delegate, in jocular vein, defined a graduate nurse as a migratory maiden meditating matrimony. Salary schedules for graduate nurses in neighbouring provinces were compared. Many delegates expressed the view that too many nurses, trained in Saskatchewan, went to seek nursing employment in other provinces and indeed other countries. Other speakers, however, maintained that this was a general and not a local trend. There was much support for the view that nursing salaries in Saskatchewan, in relation to other workers in the hospital field, should be improved.

#### Resolutions

Thursday morning was given over entirely to the consideration of resolutions, which were presented by L. Fawcett. Eighteen resolutions were considered by the delegates. Eleven were approved, two were referred to the incoming executive for further study and five were rejected. The



Above, left to right: A. Hang, Shellbrook Union Hospital; Ella C. Kits, Eston Union Hospital; Mrs. M. Cole, Wilkie Union Hospital; and H. Talpash, Swift Current Union Hospital.

Below: Dr. I. Gogan, Division of Hospital Administration and Standards, Dept. of Public Health, Sask.; Mary MacDonald, Weyburn Union Hospital; N. A. Hall, Shaunavon Union Hospital; and Dr. H. E. Appleyard, Regina General Hospital, Regina.

resolutions that were referred were concerned with the apparent lack of uniformity in rate board decisions on a given question as applied to different hospitals and a resolution requesting inclusion of depreciation allowances and interest charges as part of the proposed national hospitalization plan. At the last session of the convention the executive presented a resolution recording approval of such a plan and indicating that depreciation on buildings and equipment and interest charges on capital debts should be included as operating expenses. This resolution was approved. The resolutions as approved at the convention are published on page 76 of this issue.

Dr. J. Gilbert Turner, president of the Canadian Hospital Association, addressed the delegates on "The Liability of Hospitals". The presentation was based on a section of the book *Malpractice Liability of Doctors and Hospitals* by W. C. J. Meredith, Q.C. (for a review of this book and editorial comment see *Canadian Hospital*, June 1956, pages 64 and 34).

Dr. W. Douglas Piercey, Executive Director, Canadian Hospital Association, spoke on the topic "Personnel, The Key to the Situation". He outlined the shortages which existed in all groups of hospital paid staff, spoke of what the national and provincial hospital associations and others were attempting to do regarding the problem and suggested steps which must be taken in the future

to ensure adequate numbers of trained personnel for hospitals.

#### New Officers

The report of the Nominations Committee was presented by E. V. Wahn, Assistant Director of University Hospital, Saskatoon. The following are the officers and directors of the Saskatchewan Hospital Association for the ensuing year: *President*, E. F. Bourassa, Business-Manager, Regina Grey Nuns' Hospital; *Vice-President*, C. E. Barton, Assistant-Superintendent, Regina General Hospital; *Past President* on the Board of Directors, H. H. Bassett, Superintendent, Victoria Municipal Hospital, Prince Albert. *Directors* representing hospitals over 100 beds: Dr. Arnold Swanson, Executive Director, University Hospital, Saskatoon; W. O'Neil, Business Manager, Saint Paul's Hospital, Saskatoon. *Directors* representing hospitals under 100 beds: N. A. Hall, Chairman of the Board, Shaunavon Union Hospital; N. F. Kushnir, Superintendent, Canora Union Hospital, and J. L. Fawcett, Secretary-Manager, Rosthern Union Hospital.

At the association's banquet, the Honorable Walter Erb, Minister of Public Health for Saskatchewan, was the guest speaker, this being his first opportunity to address the Association since his appointment to that post. The minister gave a review of the Saskatchewan Hospital Services Plan and by the interjection of many humorous anecdotes held

the interest of all his listeners. He declared there was no truth in claims that Saskatchewan's compulsory health insurance plan "removed the incentive for economic operation," and thus increased hospital operating costs. Critics had, he asserted, "head-lined" Saskatchewan hospital operating costs without reference to comparative costs in other provinces. By so doing, they had proved nothing and had done a "disservice to the idea of national hospital insurance and to the Canadian people generally." Administration costs of the Saskatchewan plan, he noted, had been reduced steadily from 7.9 per cent of total expenditure in 1947—the first year of operation—to 3.7 per cent in 1955. Direct benefits of the hospitalization plan are threefold:

- (1) It protects every resident and provides access to any hospital to which a doctor might wish to send a patient for special treatment.

- (2) By assuming the financial burden of hospitalization, the plan eased the problem for the doctor in collecting his fees.

- (3) It provides hospital care for patients with emotional and nervous disorders as well as those suffering from addiction to drugs and alcohol.

Most voluntary plans, he said, either excluded this latter class of patient or restricted drastically the range of benefits. Indirectly, the plan benefits hospitals by removing deficit worries, thus en-

All from the University Hospital, Saskatoon, seen here are (left to right): D. Dunbary, O.P.D.; Edna Osborne, social service; Pat Pastry, dietitian; M. K. Ruane, director of nursing; and Nancy Whitehill, obstet. supervisor.





abling officers to concentrate on good service. Hospitals under the plan are able to compete in the labour market in getting well qualified personnel. And the plan's provision for allowing depreciation as an operating expense has proved a useful source of revenue for many hospitals, enabling them to maintain a continuous modernization program. Mr. Erb commended the democratic set-up of the association. Composed, as it is, of nearly all community, municipal, union, and religious hospitals in the province, it derives the maximum benefit from a large cross-section of experience and opinion. It is true, he commented, that one of the main hospital problems is rising administration and operation costs. But the question is not peculiar to hospitals. Canada's entire economic structure he recalled, has been affected by rising costs since the end of the Second World War and the removal of price controls in 1946.

The newly elected president of the Women's Hospital Auxiliary Association of Saskatchewan, Mrs. W. C. King, of Estevan, reported for the association which met concurrently with the S.H.A. She indicated that practically

every hospital in Saskatchewan now has an auxiliary and that 89 delegates and 16 visitors were in attendance. Mrs. King explained that the province is now divided into nine districts, each with a counsellor, and that this system has been found very successful in strengthening the work of the women's auxiliaries. The scholarship of \$100.00 per annum established by that association to assist student nurses in the province was won this year by Shirley Graft of Lindenburg.

Dr. I. Gogan, Director, Division of Hospital Administration and Standards, for the province of Saskatchewan, presented a paper on "Preventive Medicine in General Hospitals". He stated that preventive medicine is the business of everyone in the hospital—from the caretaker through to the medical staff and the board. Preventive medicine in the hospital started he said, with the protection of the health of the employees, including routine chest x-rays, physical examinations, protection of the mental health of employees, and protection of employees and visitors from accident hazards. Not to be overlooked is the health of patients. The speaker reminded his listen-

ers that a hospital population is a risk population because most people do not enter hospital unless they are in a low state of health. He dealt with the problem of staphylococcal infection and outlined techniques necessary to prevent its spread. He emphasized the importance of protection of young children from unnecessary mental trauma when exposed to the unusual and sometimes alarming experiences which are part of the every day practices in hospitals. Children should be properly prepared mentally for operation so that they are not admitted to the operating room in a state of complete surprise, exasperation, anger, or anxiety. Dr. Gogan said that, in the province of Saskatchewan, the gap between preventative and curative medicine was rapidly drawing together. In many new hospitals space for public health offices and nurses is now provided.

#### Nursing

Lola Wilson, executive secretary of the Registered Nurses' Association of Saskatchewan; Prof. Hazel B. Keller, director of the University of Saskatchewan School of Nursing; and Agnes

(continued on page 92)



In this group are (left to right): Sr. Mary Alphonse, Providence Hospital, Moose Jaw; Sr. Mary Papineau, Grey Nuns' Hospital, Regina; Sr. Margaret Marie, Holy Family Hospital, Prince Albert; Sr. Mary Elizabeth, Saint Peter's Hospital, Melville; and Sr. M. Wendeline, Saint Elizabeth's Hospital, Humboldt.

Among other Sisters present were (left to right): Sr. Anacleto, St. Joseph's Hospital, Estevan; Sr. M. Julienne, Holy Family Hospital, Prince Albert; Sr. Irene Diouin, s.g.n., St. Joseph's Hospital, Gravelbourg; Sr. M. Maignan, St. Therese Hospital, Tisdale; and Sr. Anne Antoinette, F.C.S.P., Notre Dame Hospital, North Battleford.



## Manitoba Hospital and Nursing Conference

**T**HE Royal Alexandra Hotel, Winnipeg, was the meeting place for the fifth annual Manitoba Hospital and Nursing Conference, October 30th - November 1st, 1956. Ten organizations participated and during November 1st and 2nd the American Hospital Association conducted a two-day institute for small hospitals where some 35 institutions were represented. The general chairman of the hospital and nursing conference was J. M. McIntyre, administrator, Winnipeg Municipal Hospitals, and R. G. Goodman, C.A., executive secretary of the Associated Hospitals of Manitoba, was conference manager and exhibit manager.

The opening session was presided over by John Gardner, president of the Associated Hospitals of Manitoba. Insurance protection for hospitals was the subject of an address by R. E. Jackson, vice-president of Smith, Fess, and Denison, Limited, Winnipeg. The speaker urged Manitoba hospitals to examine their present insurance coverage and

ensure that they had comprehensive business liability coverage. G. L. Pickering, comptroller, St. Boniface Hospital, reviewed recent hospital legislation in Manitoba—the Hospital Services Act and the Hospital Aid Act. The former act defines the term “indigency” as “a patient whose account is not fully paid, or who has not made arrangements satisfactory to the hospital for payment of his account, on the expiration of thirty days after the patient is discharged from hospital or discontinues his attendance thereat”. The Act gives the person responsible, thirty days after discharge of the patient to pay the hospital account from his own resources. If he fails to pay the account within the time specified he is classified as indigent and the account then becomes a municipal responsibility and must be paid within sixty days. Having paid the account, the question of recovery from the person responsible rests with the municipality. A basic change was made in the Hospital Aid Act dur-

W. Douglas Piercey, M.D.

ing 1956 and its provisions now apply to all standard ward patients. The Act now covers out-patient care in organized out-patient departments and x-ray and laboratory services in hospitals where there are no organized out-patient departments. Following the address, a panel consisting of Dr. M. R. Elliott, Deputy Minister of Health and Public Welfare; R. M. Clements, C.A., Secretary of the Manitoba Hospital Rate Board, and G. L. Pickering, answered several questions raised by the delegates.

The Honourable R. W. Bend, Minister of Health and Public Welfare, addressed the conference on the topic, “Hospitalization — Our Responsibility”. The minister reviewed negotiations which had taken place between the Associated Hospitals of Manitoba, the municipalities of Manitoba, and the provincial government in 1955 leading up to the present Hospital Aid Act. He stated that



A.H.M. Officers and Directors, 1957

Officers and directors of the Associated Hospitals of Manitoba for 1956-57 are pictured here. Seated (left to right): M. Leithead, Grace Hospital, Winnipeg, a director; J. E. Robinson, Children's Hospital, Winnipeg, first vice-president; J. E. Gardner, Dauphin, immediate past-president; T. A. J. Cummings, Sanatorium Board of Manitoba, president; Frank Foster, Brandon General Hospital, second vice-president; and G. T. Potvin, Misericordia General Hospital, Winnipeg, honorary secretary-treasurer. Standing (left to right): Robert Goodman, Winnipeg, executive secretary, A.H.M.; and other directors, J. G. Friesen, Morris General Hospital; W. T. Andrew, Hamiota District Hospital; R. J. Hood, Carberry; A. J. Schmiedl, Dauphin General Hospital; Dr. L. O. Bradley, Winnipeg General Hospital; Allan K. McTaggart, Brandon General Hospital; John M. McIntyre, Winnipeg Municipal Hospitals; J. M. Klassen, Bethesda Hospital, Steinbach; and Gordon Pickering, St. Boniface Hospital.

the proper functioning of the Act required co-operation on the part of all hospitals to ensure that it would accomplish the intention of the legislature.

The minister also outlined the thinking of the government of Manitoba regarding national hospital insurance. There were several items, he said, in present federal proposals which were not satisfactory to Manitoba. Some of the questions raised were: What would be the provisions regarding diagnostic services? The sharing of administrative costs? Is the proposed plan the best that can be adopted? Should we take a smaller step at this time? Or, if it is to be a comprehensive plan, should we not make it truly comprehensive and include tuberculosis and mental patients? The proposal to shift responsibility for the care of Indians from federal to provincial health departments and the present decision of the federal government not to make financial allowance for depreciation on hospital buildings and fixed equipment or interest on capital borrowing were also under study. The minister reminded his listeners that once the people of Manitoba decided to go along the trail of national hospital insurance there would be no turning back and that it was a very important matter for study not only by the government but by the hospital association and indeed every citizen of Manitoba.

T. A. J. Cummings, executive director of The Manitoba Sanatorium Board, presented the report of a special committee on inclusive rates. The term means a complete charge for a complete hospital service in a particular type of accommodation. An inclusive rate apportions all charges for essential and strictly hospital services and procedures incidental to the care of inpatients on a consistent, uniform basis, irrespective of actual utilization. The report outlined the principles involved, reviewed the experience of other areas, particularly in western Canada and listed certain advantages and disadvantages. The committee stated that they were of the opinion that an inclusive rate system was practical and desirable for Manitoba hospitals. April 1st, 1957, was the date recommended for conversion to an inclusive rate plan. Following the report the subject was reviewed in panel

discussion. Participating were Dr. L. O. Bradley, administrator, Winnipeg General Hospital, Dr. A. L. Swanson, executive director, University Hospital, Saskatoon, Dr. W. Douglas Piercey, executive director, Canadian Hospital Association, and Mr. Cummings. Questions were directed from the floor and at the close of the session several delegates expressed the view that sufficient time had not been available for a detailed discussion of the matter which was regarded as very important.

#### The Case of Mary Jones

The Crystal Ballroom was filled to capacity. "The Case of Mary Jones" had been referred to several times and, duly intrigued, delegates and their friends turned out in large numbers. The performance was a play which underlined the importance of good records in a much more vivid manner

(Claudette Cobalt), M. Wilson of the Manitoba Association of Registered Nurses; Dr. Albert Pettibone, J. E. Robinson, superintendent of the Children's Hospital; record clerk (Maggie Dillwater), Dr. M. E. McGuire, medical record librarian, Winnipeg General Hospital; administrator (Mrs. Aspen Tremblay), Marjorie Dunn of Hamiota District Hospital. In a dramatic and at times quite humorous presentation, the cast drove home the point that poor recording and a poor system of medical records contributed to the demise of one Mary Jones. A sudden twist in the plot occurred when the prosecuting attorney, after having interrogated other witnesses, called for the chairman of the board of Buttermilk Swamp Community Hospital and it turned out that Judge Hookacrook himself was the chairman. The Judge allowed



*Members of the Victorian Order of Nurses (left to right): Shirley Karlowsky, G. Welsh, B. Lauridsen and Hanna-Marie Pedersen, all of Winnipeg.*

than a formal series of papers would have been able to accomplish. In the cast: Judge Hookacrook, Dr. L. O. Bradley; prosecuting attorney (Mr. Corpus Delecti), Dr. W. D. Penner, pathologist, Winnipeg General Hospital; clerk of court, C. K. Temple, assistant superintendent, Children's Hospital, Winnipeg; admitting clerk (Lizzie Glutz), C. Stankewicz, St. Boniface Hospital; head nurse (Amelia Nightingown), Miss LaCroix, Misericordia Hospital; x-ray technician

himself to be cross examined and had to admit, as chairman of the board, that the board itself had an obligation to see that good records, medical as well as financial, were kept in the hospital.

#### A.H.M. Business Session

John Gardner, as chairman, reviewed activities of the Associated Hospitals of Manitoba for the past year, during which, he said, the finance committee had had their worries in trying to balance the budget. "It is not

At a happy interval (left to right): Dorothy Gruenke, Morden District General Hospital; Mrs. M. McKenzie, Neepawa District Memorial Hospital; and R. P. H. Sprague and Gordon McCaffrey, both of the Manitoba Hospital Services Association (Blue Cross).



easy" he went on "to show and to prove to hospital trustees that we are worthy of our hire . . . it is hard to increase hospital fees, although we feel that the service we render to hospitals is excellent, compared to the nominal fee that we receive."

An important step taken was an approach to the Minister of Health and Public Welfare, the Hon. Robert Bend, when the finance committee ably presented the value of the work being done by the association, pointing out that the average cost per bed was \$2.00 per annum. The provincial government, however, with approximately 3,500 beds under its control, had been paying fees amounting to \$450, i.e., a fee amounting to somewhat less than half that paid by smaller hospitals. The sum of \$2,500 was requested by the finance committee and Mr. Gardner was very happy to announce that the government has agreed to pay this sum to the association.

The speaker indicated that the association's operating cost has increased from \$1,000 in 1939 to \$13,000 in 1955. Within this time, he said, headquarters have been established and staffed and the association is now giving a greater service than ever before in matters of accounting, dealings with Blue Cross, Workmen's Compensation Board, and the Department of Health and Public Welfare.

Mr. Gardner reported also that the problem of training nurses had given the executive much concern. It was regrettable, he said, that hospitals should bear the cost of training, only to lose the service of so many nurses who find

employment outside the hospital field. He suggested that some action be taken in the larger field to impress upon other organizations employing nurses that they too have a responsibility to co-operate in nurse training.

R. G. Goodman presented the report of the executive secretary and Frank Foster, business manager, Brandon General Hospital, that of the honorary secretary-treasurer. Allan K. McTaggart presented the resolutions which are on page 66 of this issue.

#### Communications

"Communications" was the subject of an address by a member of the firm, Wagner and Wagner, consultants, Minneapolis. The speaker gave us a formula for communications, the questions, what, when, where, who, why and how. Communications can be verbal, written, or visual, he said, and channels of communication are down, up, across and diagonal. Barriers to communication are time, attitudes, interest, relationships, listening change, and words. Communication, to be effective, must be organized, factual, brief, specific, clear, courteous, and interesting. These, he said, are the seven musts of good communication. The speaker stressed that it is important to watch your channels of communication and make sure that the "up" channel is kept open. Communication, he said, is one of the important skills of supervision; and good supervisors come through careful selection and adequate training.

#### Control of Infections

At a general session, Dr. J. C.

Wilt, Professor of Bacteriology, University of Manitoba, and bacteriologist at the Winnipeg General Hospital, led a panel discussion on the control of infections in general hospitals. Other panel members were Dr. L. C. Bartlett, staff surgeon and Mrs. H. C. Mazerall, R.N., operating room instructor, Winnipeg General Hospital, Dr. J. Gilbert Turner, executive director, Royal Victoria Hospital, and Dr. A. L. Swanson, executive director, University Hospital, Saskatoon.

Discussions centred primarily around staphylococcal infections and included the planning of modern operating rooms, scrub and other aseptic techniques, skin preparation of the patient, visitors as a possible source of infection, approved methods of dressing technique, sterilization of mattresses and pillow cases and the proper method of dusting. Dr. Swanson startled some of his listeners by stating the University Hospital has extended visiting periods and has found that this has been a forward step in their control. When asked when they do their nursing, Dr. Swanson stated this was absolutely no problem. If a procedure necessitated the visitor leaving the room, they were asked to do so. University Hospital has found that by extending the visiting hours they have fewer visitors actually and no peak load of visitors. The importance of having an infection committee was pointed up by Drs. Wilt and Turner. Dr. Turner stressed also the importance of having written rules and procedures for the handling of contagious cases. Dr. Bartlett reported there had been a swing



back to the use of iodine in skin preparation and he believed there was a need for going back to the tried techniques which were very much in vogue before the days of antibiotic drugs. Mrs. Mazerall outlined the scrub technique in use in the Winnipeg General Hospital and stated they were now reverting to the arm-dip following the scrub. In cases of elective surgery, Dr. Bartlett said it was important to place the patient on hexachlorophene soap for at least a week before he entered hospital.

R. K. Swanson, administrator, Swedish Hospital, Minneapolis, presented a paper on hospitals and the prepayment concept. He reviewed the program of the American Hospital Association in the development of Blue Cross and outlined some of the fundamental principles involved in prepayment of hospital accounts which are now so much a part of the way of life of the United States and certain areas of Canada.

On Thursday afternoon, A. K. McTaggart, administrator, Brandon General Hospital, presided over a sectional meeting during which F. W. Crawford, chairman of the Hospital Rate Board of Manitoba, outlined how that board functions. C. F. Green, public relations consultant, Win-

nipeg, spoke on "Labour-Management". A general round table discussion with the faculty followed. Questions on labour relations and negotiations with unions were the chief topics under review.

#### Officers

The officers of the Associated Hospitals of Manitoba for 1956-57 are: *Honorary president*, H. W. Bend, Minister of Health and Social Welfare; *Past president*, J. Gardner, Dauphin; *President*, T. A. J. Cummings, Winnipeg; *First vice-president*, J. E. Robinson, Winnipeg; *Second vice-president*, F. Foster, Brandon; *Honorary secretary-treasurer*, G. T. Potvin, Winnipeg.

Eight directors were elected: R. J. Hood, Carberry; J. M. McIntyre, Winnipeg; Judge J. M. George, Morden; J. M. Klassen, Steinbach; Mrs. A. M. Oswald, Winnipeg; Allan K. McTaggart, Brandon; Dr. L. O. Bradley, Winnipeg; and G. L. Pickering, St. Boniface. The board of directors also includes regional representatives and members from allied organizations.

Tribute was paid to Dr. Harry Coppinger, who had recently retired as superintendent of the Winnipeg General Hospital. Dr. Coppinger has been active in the affairs of the hospitals of Mani-

toba over many years and in appreciation of his services, he was made an honorary life member of the Associated Hospitals of Manitoba.

The General Faculty for the Conference, which was used during round table discussions, was composed of: Dr. M. R. Elliott, Deputy Minister of Health and Welfare, Province of Manitoba; Dr. W. Douglas Piercey, executive director, Canadian Hospital Association; Dr. I. Sutton, superintendent, Deer Lodge Hospital, Winnipeg; Dr. A. L. Swanson, executive director, University Hospital, Saskatoon; R. K. Swanson, administrator, Swedish Hospital, Minneapolis, Minnesota; and Dr. J. Gilbert Turner, executive director, Royal Victoria Hospital, Montreal.

#### Sectional Meetings

The Manitoba Hospital and Nursing Conference had ten separate organizations participating in the meeting. These were the Associated Hospitals of Manitoba; the Manitoba Association of Registered Nurses; the Manitoba Women's Hospital Auxiliaries Association; Manitoba Public Health Association; Manitoba Association of Licensed Practical Nurses; Manitoba Association of (concluded on page 72)



In this group are: Dr. P. L'Heureux, St. Boniface Hospital, St. Boniface; G. T. Potvin, Misericordia General Hospital, Winnipeg; J. E. Robinson, Children's Hospital, Winnipeg; Robert Goodman, executive secretary, A.H.M., Winnipeg; and G. L. Pickering, St. Boniface Hospital.

And here: M. F. Kushnir, Canora Union Hospital, Canora, Sask.; Colin Barlow and R. J. Hood, Fox Memorial Hospital, Carberry, Man.; J. M. Klassen, Bethesda Hospital, Steinbach; and W. C. Hibbert, Wadena Union Hospital, Wadena, Sask.



... between sessions  
in Winnipeg

Choosing with care (left to right):  
H. Olisir, City Health Department,  
Winnipeg; Mrs. J. P. Shunk, Gil-  
bert Plains Medical Nursing Unit,  
Gilbert Plains; N. Pearson, Lock-  
port; Derinda Ellis, Manitoba San-  
atorium, Ninette.



Dr. H. Coppinger (standing) re-  
tires this year as superintendent  
of Winnipeg General Hospital. Sit-  
ting left to right: Dr. J. Gilbert  
Turner, Montreal, president of the  
Canadian Hospital Association;  
John Gardner, Dauphin, now past  
president of the A.H.M.; and Dr.  
O. C. Trainor, Winnipeg, past  
president of the C.H.A.



Sr. Gertrude Jarbeau, St. Boni-  
face Hospital; Rev. Mother M.  
Berthe Dorais, s.g.n., Provincial  
Superior, St. Albert, Alta.; Mother  
Fortin, Provincial Superior, St.  
Boniface; and Sr. M. J. Marleau,  
Provincial Bursar, St. Boniface.



T. A. J. Cummings of the Manitoba  
Sanatorium Board expounds, while  
Dr. A. L. Swanson, University  
Hospital Saskatoon (left), Dr. L.  
O. Bradley, Winnipeg General Hos-  
pital, and Dr. W. D. Piercey,  
Toronto (standing), listen.





Foregathered at the registration desk are, left to right: C. V. Charters, Brampton, later elected president of the O.H.A. for 1956-57; David W. Ogilvie, Toronto, director, Ontario Blue Cross Plan for Hospital Care; and Stanley Martin, Toronto, executive secretary-treasurer of the O.H.A.

#### 32nd O.H.A. Convention

## Hospitals . . . .

### the Changing Scene



Mrs. Charles McLean, President of the O.H.A., presents a citation to Ken MacTaggart of the Toronto Telegram for outstanding reporting of hospital news.

"ONE has to run like the devil to stand where one is", as the Queen found in *Through the Looking Glass*. So it is in hospital affairs today, remarked Dr. Sidney Smith at the opening meeting of this year's Ontario Hospital Association Convention. Twenty-nine hundred and thirty-six gathered at the Royal York Hotel in Toronto on October 22nd for three days' concerted study. Under a bonny broad banner, bearing the theme, "Hospitals — and the Changing Scene", leading personalities in the fields of hospital, government, academic, and civic life, took the floor to welcome delegates and survey current developments in hospital progress.

Women's Hospital Auxiliaries were represented in large numbers and held their own section meeting as did groups of nursing administrators, trustees, accountants, medical record librarians, dietitians, and pharmacists. A special session was held by laundry administrative personnel. These meetings are reported on page 60 of this issue.

#### Economic Problems

The Honourable Leslie M. Frost, Q.C., Prime Minister of Ontario, speaking after the luncheon on Monday, commended the men and women of Ontario who contribute their skill, industry, and devotion to the cause of public general hospitals in Ontario. Stressing the need for careful controls in initiating health insurance, he outlined the government's role in the formation and support of the Ontario Hospital Services Commission. "Vast sums have already been spent in supporting public health and hospital programs", he said, noting an annual cost of approximately \$33 million to take care of the mental health and tuberculosis program, including the provision of accommodation for 24,000 patients, and treatment for over 7,000 tuberculosis patients. He cautioned against getting "out of step with our economic growth and development", stating that the "huge operation" of hospital insurance must be undertaken with care and prudence, on the part of each one concerned. "Per diem public general hospital costs have risen about 300 per cent in the past ten years and, with the expansion of benefits under a public hospital plan, we must anticipate

a further rise in expenditures for hospital care". The federal proposals, he pointed out, for each participating province are as follows: 25 per cent of the per capita shareable cost in each province plus 25 per cent of the per capita shareable cost in Canada as a whole. Thus a percentage contribution of the federal government would vary inversely with the per capita cost of hospital care in each province, and "the comprehensive plan would operate adversely for us because of the high cost in Ontario due to our high concentration of population and industry". It is the task of the Ontario Hospital Services Commission, stated Mr. Frost, to carefully control and scrutinize these costs. He discussed several methods for achieving this: control of occupancy; control of hospital facilities; and control of hospital construction.

These items were the subject of an address by Dr. Malcolm G. Taylor, entitled "The Hospital Challenge of the Future". Dr. Taylor pointed out that the advance of scientific medicine in the past few years and its concentration in the hospital have made hospital services essential to the individual. As the hospital is, in a sense, a monopolist, it is a public service, demanding that hospital workers enlarge the scope of their responsibilities to correct the lopsided treatment service resulting from the current hospital expansion program in Canada. "The rise of specialization of hospital functions," he said, "has led to a distinction between diagnostic services, emergency treatment of the acutely ill, treatment of the chronically ill, rehabilitation, active medical care, active nursing care and housekeeping, which has raised the price of hospital services. The prestige of the hospital in society has been won by the creative intelligence and willingness to serve of countless doctors, nurses, researchers, and their assistants, of administrators and . . . enlightened public-spirited trustees. It has been made possible by money—". The costs of research, education, and the care of the indigent should be borne by the entire community and not, as heretofore, by the sick. While good medical and hospital care are the soundest purchases we can make, Dr. Taylor stressed that the Blue Cross subscriber should be contributing to the cost



*Above: Dr. D. L. Campbell and Dr. J. H. Davidson of Greater Niagara General Hospital, Niagara Falls, chat with Dr. J. B. Neilson, Hamilton General Hospital.*

*Centre: James H. Matson and Arthur H. Hewig of Sarnia General Hospital (left) exchange greetings with J. S. Renton, Sydenham District Hospital, Wallaceburg.*

*Below: In eager converse, Arthur H. Peckham, Toronto (of Agnew, Craig, and Peckham, Hospital Consultants), with Mrs. J. E. Porteous, St. Catharines General Hospital and Rev. Father H. L. Bertrand, president, Comité des Hôpitaux du Québec.*

of out-patient facilities and lower cost nursing home and custodial services, not subsidizing the construction of unnecessary hospital beds, nor paying for people who do not need to be in hospital. In

**Kathryn Leslie  
and  
Elizabeth Bruce**

1954, approximately 45 per cent of all general hospital revenue in Ontario came from Blue Cross or insurance payments. For hospitals, prepayment has provided a more stable source of income. For the consumer, it has minimized the economic consequence of illness. But it is important that we always use the combination of



resources that the patient requires, and for no longer than he requires. In the opinion of Dr. Taylor, we are building too many active treatment beds and not enough out-patient facilities and nursing homes, and we are not taking advantage of the fact that most patients have bed and board at home and often a "built-in" nurse. Dr. Taylor felt that a totally balanced program would include: (a) the services of physicians and surgeons in office and home, and of organized medical staffs in hospitals; (b) diagnostic services in doctors' offices and in out-patient departments; (c) active treatment general hospital services; (d) rehabilitation centres; (e) convalescent hospitals; (f) facilities for the care of long-term patients; and (g) home-care programs. Co-ordinated planning, and a regionalized hospital system are necessary. "It is the responsibility mainly of hospital personnel to find the most efficient and economical distribution of hospital care today," said Dr. Taylor.

The newly-appointed Chairman of the Ontario Hospital Services Commission, A. J. Swanson, described the progress of the Commission since its inception, outlining its various divisions and their responsibilities, and the current studies being carried on by them with a view to meeting changing conditions. Mr. Swanson stated that, while completely autonomous, the Commission will report to the government through the Minister of Health for the province. He referred to the advantage which Ontario has over the situation of the two western provinces in the initiation of health insurance, in view of its large experience in mass enrolment through the Blue Cross Plan (2,226,775 as of Oct. 31st). Mr. Swanson stated that some 3½ millions of Ontario's 5 million population are now covered by prepaid health insurance in some form. He reiterated the importance, stressed by Premier Frost, of careful planning, pointing out that the difference of a decimal point in expense could make a huge difference in the total cost. More responsibility will lie with the individual hospitals, he said, to enforce controls, depending on the need of the person, and to see that the patient is placed in the type of hospital best suited to his particular illness. While this po-

licy of caution may be slow, it is expected that it will save time in the end.

The discussion of hospital insurance was broadened by the inclusion of two western viewpoints on the financing of hospital care. L. F. C. Kirby, director, Royal Columbian Hospital, New Westminster, B.C., discussed the subject from the viewpoint of the hospital, and F. B. Roth, M.D., deputy minister of Public Health for Saskatchewan, from the viewpoint of an administrator of a functioning service plan.

Mr. Kirby laid the background for his discussion of the effect on hospital operations of a general insurance plan by outlining the history of the B.C. Hospital Insurance Service. He stated that under the scheme the hospital operates in the same way as it did formerly, the only difference being that the amount of available funds is determined by governmental policy through the establishing of hospital budgets. Because of the fact that many hospitals were in grave financial difficulties prior to the inception of the scheme, numerous demands were made of the scheme in the first years of its operation. As a result, the government was forced to tighten up its plan, refusing to pay deficits and freezing hospital services and staff numbers. Since that time there has been a gradual increase of services, the social service tax system ensuring that revenue increases with increases in price levels and wage rates in the province. Mr. Kirby stated that the fact that deficits of past years have not been paid in full, plus the non-recognition of the 1956 wage increases, has left all hospitals with financing problems, but he emphasized that no hospital has been forced to close for financial reasons alone. The plan has eliminated collection worries and minimized working capital requirements. The administrator has other problems, i.e., the preparation of an accurate budget, establishing the fact that a patient is acutely ill rather than chronic, and making certain that patients prove their residential eligibility.

In concluding, Mr. Kirby discussed some of the aims and requirements of a national health service. He pointed out that one of the main problems will be to determine areas suitable for hospital organization and to bring to-

gether a working plan for a self-sufficient hospital service for each area or hospital district. He stressed the need for giving primary consideration to preventive medicine and the need for an extensive health education campaign to instruct people in the correct use of the facilities provided.

Dr. Roth, in discussing the financing of hospital care from the point of view of an administrator of a program, briefly touched on the social dynamics peculiar to Saskatchewan which led to the development of a specific approach to the problem of hospital care. He discussed the following principles and objectives of the Saskatchewan plan: coverage of the population should be as comprehensive as possible; the insurance plan should be balanced between individual contributions and a progressive tax subsidy; services to be provided to beneficiaries of the plan should be as comprehensive and of as high a quality as possible; the autonomy of each hospital must be protected; hospitals should be paid the full cost of their operations, so long as they can demonstrate reasonably efficient operation and a satisfactory standard of care.

A system has been devised to carry out these principles, Dr. Roth continued. The existing local government organization is used to collect the personal tax. The province issues a valid hospital card to all persons who receive social assistance from the province. Municipalities are given the option of paying the tax on behalf of persons who they know or suspect may be indigent, thus absolving themselves from the risks of high hospital bills. The government, convinced that the most economical procedure in the long run is to buy the best, encourages hospitals to extend their service and improve quality and employs a wide range of trained consultants who visit hospitals on invitation. The hospitals submit budgets, based primarily on the *Canadian Hospital Accounting Manual*. After a review of the budget, an amount viewed sufficient for the year is established. A sum is paid in equal installments to meet the basic running costs of the hospital and an amount which may be termed a variable cost is paid to the hospital on discharge of each patient on a per diem basis. Depreciation on buildings and equipment is



Discussing economic aspects of hospital care are, left to right: Dr. F. B. Roth, Deputy Minister of Public Health for Saskatchewan; Stanley W. Martin, executive secretary-treasurer, O.H.A.; Malcolm G. Taylor, Ph.D., associate professor of Political Economy, University of Toronto; and L. F. C. Kirby, director, Royal Columbian Hospital, New Westminster, B.C.



In this group of Grey Nuns are, left to right: Sr. Imelda de Marie, Ottawa General Hospital; Sr. St. Ruth, St. Vincent Hospital; Sr. Louise de Montfort, Mother House (all of Ottawa); and Sr. Mary Mildred, St. Joseph's Hospital, Sudbury.



From the North, left to right: Marion Goodbrand and Mary Reidhead of North Bay Civic Hospital; R. J. Long, Northwestern General Hospital, Toronto (formerly of North Bay); with Howard W. Smith and James E. Gough of North Bay Civic Hospital.



Casually grouped here are: Jack Brydges, and Peter Smith of Woodstock General Hospital, Woodstock, Ont.; Irene Olynyk, Ayerst, McKenna Research Laboratories; and A. T. Story, Guelph General Hospital.



recognized as part of the cost of operation.

In conclusion, Dr. Roth outlined some of the problems the plan has faced, the principle one being an increase in hospital utilization. This has been significant, but there is little evidence that the plan has been abused. Administrative costs have not been excessive and every effort has been made to keep forms and reports simple and to a minimum. Hospital care has improved under the plan, Dr. Roth stated, and administrators can now devote their time to improvements instead of fund-raising programs.

Hospital personnel, a major factor in considering the economic problems of the changing scene, was the topic of a speech presented by W. Douglas Piercey, M.D., executive director of the Canadian Hospital Association. In this era of expanding hospital services, more and more trained personnel are required. Many of the new hospitals are far from large centres and are forced to offer high salaries to obtain staff, thereby forcing the large centres to increase salaries to retain their own staff. But, as a shorter work week becomes generally established, the rate of increase of required hospital personnel is exceeding the rate of increase of hospital beds, Dr. Piercey stated. There is no indication that this trend is levelling off, he emphasized. Hospital workers cannot be treated differently from other workers in the community. The hospital is subject to the trends of industry leading towards the 40-hour week and increased salaries, but the hospital cannot substitute automation for skilled technical personnel. Dr. Piercey referred to a questionnaire sent out by the O.H.A. to its member hospitals, in which many hospitals indicated a severe shortage of trained personnel and in which some training schools were reported to have an enrolment below capacity.

The work of such organizations as the Canadian Commission on Nursing, the Canadian Society of Laboratory Technologists, Canadian Society of Radiological Technicians, the Canadian Hospital Association with its extension courses for administrators and medical record librarians, the establishment of more training centres, the expansion of universi-

ty courses, and the assistance of federal training grants, have all done much to relieve the shortage of trained personnel, Dr. Piercey stated. He emphasized that hospital associations and other hospital groups have the responsibility of making their needs known to the government and the community at large. Individual hospitals can strengthen their existing programs and develop in-service training programs. Hospital management has the added responsibility of ensuring that their staff is utilized efficiently.

A further aspect of present-day economic problems was reviewed in David W. Ogilvie's paper on "The Price of Hospital Care". Mr. Ogilvie is director of the Ontario Blue Cross Plan for hospital care. In Ontario, approximately 70 per cent of the population regularly prepay for hospital care—a figure which reflects the great awareness on the part of the public of the need and value of hospital care and of the need to prepay the cost. The hospitals' per diem costs are but one factor in the cost of hospital care for those who are members of prepayment plans, Mr. Ogilvie stated. Four other elements go into the cost of prepaid hospital care.

1. *Incidence of admission.* As more beds become available, the incidence of prepaid hospital admission increases and Blue Cross rates increase. "It is obvious that every care must be taken to ensure that new hospital beds are not provided to meet demands which may not be justified by ac-

tual need, or that expensive general hospital beds are not built when less costly accommodation would better suit the real needs of the community".

2. *Length of stay.* A reduction of one day in the average patient's stay would result in a reduction of cost to Blue Cross alone of about four million dollars this year. In spite of new medical drugs and procedures, length of stay of Blue Cross patients is slightly higher this year than it was three years ago.

3. *Cost of administration of the plan.* In 1955 this cost represented only 5 per cent of the Blue Cross income, largely due to the utilization of modern office procedures.

4. *Cost of unnecessary hospitalization.* Mr. Ogilvie suggested the establishment of a committee of the medical staff of the hospital to act as a "screening committee" to review the hospital population, considering the need for admission, length of stay, and ancillary services ordered.

In discussing the proposed Blue Cross rate increase, Mr. Ogilvie stated that because Blue Cross pays the full amount charged for most hospital services, the value of the Blue Cross certificate goes up in direct ratio to increased hospital charges.

Another facet of the economics of hospital management was dealt with in a speech on the standardization of purchasing, given by W. C. Richards, director of purchasing, Sarnia General Hospital, Sarnia. Mr. Richards began by outlining the qualifications and

Ray Copeland, left, of South Peel Hospital, Port Credit, checks the program with Eric R. Willcocks, Toronto East General and Orthopaedic Hospital.





*A representative group of 250 secondary school students from Metropolitan Toronto attended a discussion on hospital careers, under the chairmanship of Eugenie Stuart, M.H.A., associate professor of hospital administration, University of Toronto.*

duties of the purchasing agent, drawing attention to the 2-year correspondence course offered by the Canadian Association of Purchasing Agents, in conjunction with the University of Toronto. He stressed the necessity for setting up a system of inventory control and centralized purchasing. An important part of the purchasing agent's duties is to make certain that the items he purchases are the most efficient and economical for the purpose intended, regardless of the individual preferences of the people using the items. He emphasized the need for standardization of the items purchased, suggesting the formation of a committee consisting of members from the various departments and the medical and surgical staff, with the purchasing agent as chairman. Such a committee would standardize equipment and supplies used within the hospital, would assist in the establishment of standard specifications, would aid in selecting products, thus partially relieving the purchasing agent of the responsibility of determining what products will be generally acceptable to the ultimate user.

### Challenges

The changing scene is continually presenting new problems to hospitals. The present-day need for hospitals to have a well-coordinated civil defence plan was emphasized by Charles V. Wynne, administrator, Waterbury Hos-

pital, Waterbury, Conn., in his speech on the New England flood, "Disaster Strikes — You are There". Another area demanding the attention of hospital personnel is the field of medical rehabilitation, the topic of a paper presented by Dr. T. H. Coffey, London, Ont. Hospitals today should not remain simply as depots for the physically ill, but should extend their services to help the disabled make new adjustments to their social communities.

Mr. Wynne set the scene for his talk by showing a film on the flood disaster which struck his community last year. He outlined the problems faced in the hospital during the disaster and the solutions attempted. One difficulty was the lack of knowledge within the hospital of the civil defence planning in the community and of where exactly the centre of authority lay. Mr. Wynne outlined the various ways in which the hospital was made ready for the emergency victims and how they were handled. "We decided to maintain the hospital on a business-as-usual basis, and simply speed up in required areas what we ordinarily did every day". All patients who could be discharged from the hospital were moved out. The problem of feeding patients and volunteer workers was met by cold food menus, already planned for such an event. Supplies were kept flowing to and from the hospital in co-ordination with the civil defence authorities. Care-

ful records of these supplies were kept for later reference. Mr. Wynne emphasized the need for extensive disaster planning in hospitals: "... Whatever the community, regional, or state planning for civil defence or civil disaster, the community hospital is regarded as a place of refuge by the population and is forced into a prominent role in disaster relief work".

The assessment of a patient's disability and the necessity for hospital personnel to aid the individual in his post-hospital adjustments was the topic of the paper presented by Dr. T. H. Coffey, professor of Physical Medicine at the University of Western Ontario, and director of that department at Victoria Hospital, London. "The assessment of disability must consider the patient as an individual and the patient as a whole, physically, emotionally, socially, economically; also his background, training and education". Important factors that must be taken into consideration are the employment history of the patient, the extent of disability, the type of disability (whether congenital, developmental, or acquired), and the acceptance or rejection of it by the patient. Treatment should include as early as possible a discussion of the patient's future plans, his financial, and occupational situation.

Dr. Coffey pointed out that this approach to rehabilitation can  
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## Resolutions Adopted

### Assistance for Nurse Education

WHEREAS of the 58 schools of nursing in the province of Ontario, 52 are operated by public general hospitals, with a total enrolment of approximately 5,500.

AND WHEREAS the cost of operating these schools exceeds the value of service received from the students in the course of their training,

AND WHEREAS this difference, which has been estimated at over one and one-half million dollars each year, must be provided out of the general revenue from patients,

AND WHEREAS the patient as such in hospitals operating schools of nursing does not receive the benefit exclusively of the education provided, as many graduates are absorbed in the fields of public health, private offices, industrial nursing and in staffing hospitals without schools of nursing,

AND WHEREAS this financial need has already been recognized and acknowledged by at least three of the provincial governments of Canada,

BE IT THEREFORE RESOLVED that this association again make representation to the Prime Minister of the Province of Ontario requesting some steps be taken as quickly as possible by them to recognize the urgency of the problem and provide funds to assist the hospitals to carry on this training program and thereby afford a measure of relief to the hospitals who are at present carrying the load.

### Assistance for Personnel Training

WHEREAS hospitals must be adequately staffed with trained personnel to provide good patient care,

AND WHEREAS many hospitals encounter great difficulty in obtaining and retaining an adequate number of trained personnel, such as physiotherapists, medical record librarians, and social workers,

BE IT RESOLVED that the Ontario Hospital Association request that the Ontario Hospital Services Commission place emphasis on training programs to provide for the present technical personnel require-

ments of hospitals in Ontario and also to provide for the inevitable increased personnel requirements that will arise as hospital services are further augmented.

BE IT FURTHER RESOLVED that the Ontario Hospital Association request that the Ontario Hospital Services Commission make available adequate funds to assist the hospitals and institutions involved in such training programs.

### Indigent Patients

WHEREAS the cost of providing hospital care has increased substantially during the past few years,

AND WHEREAS despite increased statutory payments by municipalities effective in 1954 total payment to hospitals for the care of indigent patients is entirely inadequate and bears no relation whatsoever to the actual cost of providing such services,

AND WHEREAS the additional financial burden imposed by such increasing costs is presently being placed largely upon patients requiring hospital care who are paying for such care themselves and certain municipalities are also having to make sizeable payments for deficits incurred to a large degree through losses incurred in caring for indigent patients,

AND WHEREAS other municipalities do not make any or sufficient contributions above the existing statutory rates,

AND WHEREAS pending introduction of a government plan of pre-paid hospital care it is most important that financing of hospitals be on a sound basis,

BE IT THEREFORE RESOLVED that the Ontario Hospital Association, through its board of directors, request the government of the Province of Ontario, through the Ontario Hospital Services Commission, to completely review the existing structure of maintenance grants and statutory payments for the care of indigent patients in order to provide immediate additional financial assistance commensurate with the cost of providing such care.

### Construction Grants

WHEREAS with continuing growth in the population of this province and increasing demands for various types of hospital accommodation,

AND WHEREAS the cost of constructing and equipping such facilities has increased by as much as 50 per cent since the government grants for capital purposes were made available,

AND WHEREAS the basis for existing construction and equipment grants by both the federal and provincial governments for various types of hospitals have remained the same,

AND WHEREAS at the present time there is apparently no relief in sight for increasing construction and equipment costs,

AND WHEREAS the value of such government grants has continually diminished in relation to the present cost of construction and equipment,

BE IT THEREFORE RESOLVED that the Ontario Hospital Association, through its Board of Directors, request:

1. The government of the Province of Ontario, through legislation, to (a) substantially increase the existing construction grants for hospital bed facilities and residences, and (b) provide adequate grants for the construction and equipping of such necessary hospital services as power plants, kitchens, laundries and other areas of the hospital not presently covered by capital grants.

2. That proper representation be made to the Canadian Hospital Association and through them to the Department of National Health and Welfare for similar increases in their existing grants and additional grants for the above services, and that grants from both levels of government be increased to a point where they would approximate at least the same percentage of the cost of constructing and equipping additional needed hospital facilities as at the time these grants were first made available.

### Residences for Interns

WHEREAS the federal and provincial governments both deem it just and proper to contribute financial aid to the schools of nursing by means of construction grants towards the cost of providing additional beds for nurses,

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## Medical Records



On the speakers' platform (left to right): Dr. G. A. Winfield, director of medical research, Department of Veterans' Affairs, Ottawa, and Dr. Halbert Dunn, chief, National Office of Vital Statistics, P.H.S., Department of Health, Education and Welfare, Washington.

**T**HE ballroom of the Shoreham Hotel, Washington, D.C., was the meeting place for over 800 persons who registered for the Second International Congress on Medical Records, held October 1 to 5. Sixty-three delegates were from countries other than the United States, including representatives from the United Kingdom, Sweden, Australia, Chile, Venezuela, Iceland, Thailand, Puerto Rico, British West Indies, the Phillipines, India, and Canada. Of that number 33 were Canadian.

An excellent program of lectures, panel discussions, reports, project study reports, conferences, and visits, was arranged by an Interim Committee for the Congress of the American Association of Medical Record Librarians, the host organization. Exhibits, both of a technical and educational nature, related to the medical record field were displayed. On the lighter side, a series of social events were arranged which enabled the visitors and their hosts to learn more about one another.

Mrs. Eddie V. Cooksie, presi-

### Doris McPherson

dent of the American association, welcomed all registrants to the congress. Dr. Ruth Puffer, chief of the Epidemiology and Statistics Section, Pan American Sanitary Bureau, W.H.O., presented greetings to the congress. Dr. Puffer brought home early to her listeners the international aspect of the conference by emphasizing the need for the promotion of international standards in the health field. "Establishing Standards and Evaluating Patient Care" was the subject of the opening address by Dr. Mindel C. Sheps of Harvard Medical School and Harvard School of Public Health. Dr. Sheps traced the methods used, from the dawn of time to the present day, in evaluating the care received by patients. The standards which have been developed for the evaluation of patient care in hospitals were reviewed. Dr. Sheps queried the validity of certain methods. She suggested, for example, that whether a patient is termed "re-

covered" or "improved" is a subjective decision in many instances and statistics of the results of care were therefore not reliable.

Eight general sessions were held during the five days of the congress. At each session, a representative of one of the four sponsoring organizations presided. Dr. G. A. Winfield, director of Medical Research, Statistics, Development and Planning, Department of Veterans' Affairs, Ottawa, was moderator of a panel discussion on the "Principles of Selection and Use of Morbidity and Mortality Classifications". This was a most interesting panel to the assembled medical record librarians since Dr. Halbert L. Dunn, who is chief of the National Office of Vital Statistics, P.H.S., Department of Health, Education and Welfare, Washington, discussed classifications in relation to vital and health statistics. Dr. George Baehr who is chairman of the editorial commit-

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Panel speakers on the topic "Education and Training of Medical Record Personnel" (left to right): Frances Gillespie, Australia, (chairman); Margaret Howarth, England; Marjorie Quandt, United States; Edna Beattie, Australia; Doris McPherson, Canada; and William Pakeman, British West Indies.



## Catholic Hospital Conference of Manitoba

THE Fourteenth Annual Meeting of the Catholic Hospital Conference of Manitoba was held on October 29th, 1956, at St. Boniface Hospital. The theme of the conference was "To Serve Christ in the Patient". The opening session was presided over by Reverend Father Raymond Durocher, O.M.I., Spiritual Advisor to the Conference. Greetings from the province of Manitoba were brought by the Honourable R. W. Bend, Minister of Health and Public Welfare of Manitoba and by His Honour Mayor J. Van Belleghem of St. Boniface. The keynote address was delivered by His Excellency Msgr. Maurice Baudoux, Archbishop of St. Boniface.

Rev. Sister G. Jarbeau, s.g.m., President, presided over a business session, which included minutes of the annual meeting for 1955, reports of the secretary and treasurer, and reports on nursing and nursing education, legislation, convention of the Catholic Hospital Association of the United States and Canada, and the Western Canada Institute for Administrators and Trustees. Dr. Henri Guyot, President of the medical staff, St. Boniface Hospital, presided at a luncheon for Catholic doctors on the medical staffs of hospitals in the greater Winnipeg area. The Most Rev. Philip F. Pocock, D.D., Archbishop of Winnipeg was the guest speaker.

During the afternoon, at a session presided over by Dr. O. C. Trainor, medical director of Misericordia General Hospital, Evan McCormick, assistant-secretary of the Winnipeg Chamber of Commerce addressed the Sisters on "An Outsider Looks at Hospitals"; and Rev. Father Raymond Durocher, O.M.I., addressed the meeting on "Apostolate in a Hospital". Following a brief intermission for tea, a general session was convened under the chairmanship of G. L. Pickering, comptroller of St. Boniface Hos-

pital, where the financial implications for voluntary hospitals of a national hospitalization plan were discussed by Rev. Mother M. Berthe Dorais, s.g.m., Provincial Superior, St. Albert, Alberta. This was a most instructive address and outlined the difficulties of financing voluntary hospitals under the present federal proposals.

The speaker detailed present regulations in each of the four western provinces with regard to construction grants and allowances for depreciation on buildings and fixed equipment and allowances for interest charges on capital debt. Mother Dorais gave figures on how present regulations now operate in each of the four western provinces in the construction of a 200-bed hospital. As present proposals of the federal hospital insurance plan do not recognize depreciation or interest charges on capital debts as a shareable expense on the part of the federal government, the speaker expressed grave concern for the future of Catholic hospitals and indeed all voluntary hospitals unless hospitals were allowed to recover depreciation and interest charges in the rate charged to insured patients. If the federal government did not

recognize this as an item of expense shareable with the provinces, concern was expressed that the provincial governments would not recognize these costs either, under a national hospital insurance plan. Mother Dorais stated that the matter was now being considered by the Catholic Hospital Association of Canada and the Canadian Hospital Association.

The activities of the Manitoba Rate Board were discussed by F. W. Crawford, Chairman. During the afternoon a special session was also held for hospital chaplains.

Following dinner at 6.00 p.m. Benediction of the Blessed Sacrament and Recitation of the Holy Rosary were conducted by the Rev. M. Messier, chaplain, St. Boniface Hospital. Rev. Father R. Durocher presided over an evening session where recruiting techniques were discussed.

### Officers

The following officers were elected for the ensuing year: *Spiritual Advisor*, Rev. Father Raymond Durocher, O.M.I.; *President*, Sister St. Odilon, s.m., Misericordia General Hospital; *Vice-president*, Sr. Ann Ell, s.g.m., St. Boniface Hospital; *Secretary*, Sr. St. Maurice, s.m., Misericordia General Hospital.

*Directors*: Sr. Gertrude Jarbeau, s.g.m., St. Boniface Hospital; Sr. St. Edith, s.m., Misericordia General Hospital; Sr. M. Alphonsus, o.s.b., Johnson Memorial Hospital, Gimili, Manitoba; Sr. St. Dominic, o.s.b., Crerar Hospital, Winnipegosis, Manitoba; Sr. Dion, s.g.h., Flin Flon General Hospital; Sr. Aline Bohémier, s.g.m., St. Boniface Hospital — W.D.P.



## Saskatchewan . . .

### Catholic Hospital Conference

**T**HE fourteenth annual convention of the Catholic Hospital Conference of Saskatchewan convened in St. Paul's Cathedral Hall, Saskatoon, October 22nd and 23rd, 1956, with some 60 sisters in attendance.

In the absence of Sister Columkille of North Battleford, due to illness, the president's chair was taken by Rev. Father C. S. Godin of Moose Jaw, chaplain of the Conference. Father Godin spoke appreciatively of the fine work performed by Sister Columkille during her second term as president of the Conference.

A warm welcome to the sisters, holding their meeting in Saskatoon for the second successive year, was extended by His Worship, Mayor J. D. McAskill. Greetings from the hierarchy were extended by Bishop Klein. The Honourable J. Walter Erb, recently appointed minister, Department of Public Health, Saskatchewan, indicated that he was looking forward to his association with hospitals of the province in continuing a progressive health program. He expressed admiration of the motivation and dedication shown by the members of the sisterhoods and acknowledged their great contribution to the healing arts.

Rev. Father John J. Flanagan, S.J., of St. Louis, Mo., executive director of the Catholic Hospital Association of the United States and Canada, brought greetings from his association, and a personal message from Msgr. Brunini, the president. The president of the Saskatchewan Hospital Association, Eugene F. Bourassa, Regina, paid tribute to the splendid hospitals operated by the religious orders in the province. He expressed regret that there had been no substantial extension of services or increase in the number of such hospitals in the past ten years, a fact which he attributed to the lack of funds for capital expansion.

Mary R. Mackenzie, Saskatoon,

president of the Saskatchewan Registered Nurses Association, briefly reviewing recent developments in nursing in the province, stressed that the nurses feel a deep sense of responsibility to the hospitals, the nursing schools, and the people of Saskatchewan. The year's program of the Saskatchewan Council of Catholic Nurses, having as its theme "the nurse, the lay apostle", was described by Patricia McGrath, Regina. On behalf of the members of the council, she thanked the sisters for their guidance in carrying out this study. The greetings and best wishes of the board of directors and executive staff of the Canadian Hospital Association were extended by Dr. J. Gilbert Turner, Montreal, president of the national association. A telegram from Rev. Father Henri Légaré, executive director of the Catholic Hospital Association of Canada, Ottawa, extended his best wishes for a successful meeting.

#### Business Sessions

Sister Columkille's presidential report was read by Sister Margaret Marie, Prince Albert. Tribute was paid to the late Dr. Malcolm T. MacEachern, William H. Markey, and Edward V. Walshaw, leaders in the hospital field who have died since the last meeting of the conference. Attention was drawn to the report of delegates to the convention, held at Milwaukee, of the Catholic Hospital Association of the United States and Canada, appearing in the then current issue of *The Saskatchewan Catholic Hospital and Nursing Digest* — better known to the members as "CHAN". Progress in hospital accreditation was reviewed and hope expressed that all Catholic hospitals in the province would become accredited.

The report praised the work of various committees and expressed particular appreciation for the contributions made by E. F. Bourassa of Regina and Emmet

Hall, Q.C., of Saskatoon. It was indicated that if hospitals operated by religious orders, in fact all voluntary hospitals, are to survive, negotiations with paying agencies, particularly governmental agencies, for the recognition of depreciation on buildings and fixed equipment and interest on capital debt as a proper item of operating expense, must be continued.

Sister Anne Antoinette gave the report of the secretary-treasurer in the absence of Sister Mary Prosper. The following committee reports were presented: Nursing and Nursing Education by Sister Jeanne Quintal, Saskatoon; Administration by Sister Irene Drouin, Regina; Economic Research by Harry Posyniak, Moose Jaw, on behalf of Sister C. Deshaies, Saskatoon. The reports were referred to the resolutions committee.

#### Addresses

Dr. J. Wendell Macleod, Dean of Medicine, University of Saskatchewan, gave a stimulating address on the changing health scene and its effect on hospitals. He reviewed what he described as the "breath-taking advances" in the practice of medicine, in nurse education, in pharmacy, and in economics, which had such a marked influence on the operation of hospitals. He then indicated some of the technical problems created by scientific and economic change.

A new plan for psychiatric treatment in hospitals was suggested by Dr. D. Griffith McKerracher, Professor of Psychiatry, University of Saskatchewan, who emphasized that he was speaking as an individual and a member of the Saskatchewan Mental Health Association, rather than in any official capacity. He stated bluntly that a few mental institutions with thousands of beds and wards containing from 75 to 100 patients could never solve the problem of providing adequate treatment facilities for mental illness. The alternative suggested was smaller units of 300 to 400 beds, closer to the community, and integrated with the general hospitals. Dr. McKerracher also emphasized the need for an improved psychological approach to the problems of mental illness by the community, the recognition of mental illness as a *disease* — one which attaches no stigma to the afflicted,



and one which requires active medical and hospital treatment in the same way as other diseases.

While emphasizing that he, in common with the great majority of Canadians, wanted no part in "feeding at the hog trough of communism", Rev. Father O'Donnell recognized some merit in state participation, as we know it in a democratic country, in the financing of hospital care. He indicated that governmental benevolence has a positive side; that it might be regarded as divine generosity expressed by men wishing to provide such service; and that it was an expression of a Christian attitude. Father O'Donnell said that the sisters carry out their work with the spirit of Christ in their souls, recognizing that bodies and souls are inseparably associated. Developments made in this spirit, towards social progress, should be encouraged. The sisters' role in respect to actions of the state, therefore, becomes one of inspiration, direction, and guidance.

The activities of the Canadian Hospital Association were briefly reviewed by Murray Ross, assistant director, Toronto. Percy E. Hunt appraised the revised regulations pertaining to general hospitals, recently issued by the Department of Public Health. Rev. Father Flanagan gave an inspiring address on the philosophy of hospital accreditation. He suggested that accreditation could be defined as improved patient care and urged the whole-hearted support, co-operation, and participation of Catholic hospitals.

During the second day of the conference Mrs. Gertrude Shirriff, medical record librarian of the Regina Grey Nuns' Hospital gave a full report on the recent International Congress on Medical Records held in Washington, D.C. Dr. Irial Gogan chaired a panel on nursing service administration. Participating in the panel were Kathleen Ruane, nursing service director at University Hospital, Saskatoon; Mary Mackenzie, R.N., clinical-co-ordinator, St. Paul's Hospital, Saskatoon; Muriel Pomroy, personnel director, Grey Nuns' Hospital, Regina; Sister Hildegard, R.N., clinical instructor, St. Elizabeth's Hospital, Humboldt; and Sister F. Dussault, R.N.

During the afternoon session Mother Dorais gave a very full

analysis of hospital insurance plans as they now exist in British Columbia, Alberta, Saskatchewan, and Manitoba, with particular reference to capital charges, depreciation, and interest on investments (see report of Manitoba Conference elsewhere in this issue). Dr. W. Douglas Piercey, Executive Director of the Canadian Hospital Association spoke on the work of the Canadian Commission on Hospital Accreditation and Judge George of Morden, Manitoba, spoke on accreditation, with specific emphasis on the program as it relates to smaller hospitals.

#### Officers

The following officers were elected for 1956-1957: *President*, Sr. Margaret Marie, S.C.I.C., Holy Family Hospital, Prince Albert; *Vice-president*, Sr. Anacleto, C.S.J., St. Joseph's Hospital, Estevan; *Secretary-treasurer*, Sr.

M. Julienne, S.C.I.C., Holy Family Hospital, Prince Albert; *Chaplain*, Rev. C. S. Godin, Providence Hospital, Moose Jaw; *Past President*, Sr. Columkille, F.C.S.P., Notre Dame Hospital, North Battleford; *Councillors*: Sr. I. Papi-neau, s.g.m., Grey Nuns' Hospital, Regina; Sr. M. Elizabeth, C.S.M., St. Peter's Hospital, Melville; Sr. Mongrain, s.g.m., Grey Nuns' Hospital, Regina; Sr. M. Perpetua, O.S.E., St. Elizabeth's Hospital, Humboldt.

*Nursing and Nursing Education Committee*: Chairman, Sr. Quintal, s.g.m., St. Paul's Hospital, Saskatoon. *Administration Committee*: Chairman, Sr. Irene Drouin, s.g.m., St. Joseph's Hospital, Gravelbourg. *Economic Research Committee*: Chairman, Sr. C. Deshaies, s.g.m., St. Paul's Hospital, Saskatoon. — *Reported by Murray W. Ross and W. Douglas Piercey, M.D.*

## Resolutions Adopted

### National Hospitalization Plan

WHEREAS the proposals relating to the introduction of a national hospitalization plan, presented by the federal government for consideration by provincial governments, exclude from calculation of hospitals' operating costs: (a) payment of depreciation of plant (and equipment); (b) interest charges on capital indebtedness; and

WHEREAS it is held, that inclusion of these two factors is a proper charge, in order to arrive correctly at true operating costs, and

WHEREAS any compulsory public plan which does not allow interest and depreciation to be included in the computation of operating costs, deprives hospitals of the opportunity of replacing obsolete physical plants and equipment, and of accumulating rightful surpluses of revenue for payment of interest on capital debts, and

WHEREAS the implementation of such proposals threatens the ultimate existence of the privately-owned hospitals of this country and must, in the long run, lead to complete state ownership and control of all hospitals, which development, in the view of this conference, is inimical to the best interest of the people of Canada.

THEREFORE BE IT RESOLVED that this conference affirm its opposi-

tion to the proposed national hospitalization plan, as presently drafted; that it press for the inclusion of depreciation allowance and interest charges in the proposed scheme; and that a copy of this resolution be forwarded to the resolutions committee of the Saskatchewan Hospital Association, for presentation to that association's annual convention, with the request that the association adopt a similar resolution, and that it take such steps as are open to it, to implement the resolution.

### Accrediting of Nursing Schools

WHEREAS with the complexity and intricacy of nursing service, more emphasis has been placed on the *qualitative*, in both nursing service and nursing education, and

WHEREAS the C.N.A. is planning to conduct an evaluation program for the purpose of accrediting schools of nursing in Canada, and

WHEREAS this willingness to meet current standards is also the wish of His Holiness, Pope Pius XII, and of all Catholic nursing schools,

THEREFORE BE IT RESOLVED that religious communities be urged to examine their own schools, for the purpose of determining their adequacy to meet current standards, and that they take steps, on their

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For Trustees Only:

## Approval of By-Laws

The question "Do hospital by-laws, including medical staff by-laws, have to be approved by the provincial government?" was asked of the appropriate official in each of the ten provinces. Their replies are given here.—*Edit.*

### British Columbia

The Hospital Act of British Columbia requires a hospital to have such by-laws, rules or regulations as may be deemed necessary by the Minister of Health and Welfare, which shall not become effective until approved by the Minister.

The Minister requires that hospital constitutions and by-laws receive his approval. He does not at present require hospital rules and regulations and medical staff by-laws to be submitted to him. However, hospitals usually confer with the B.C. Hospital Insurance Service during the process of developing or revising rules and regulations and medical staff by-laws, and government concurrence is thus indirectly obtained.

Hospitals planning to draft or revise hospital by-laws should contact the Commissioner of the B.C. Hospital Insurance Service.—*Donald M. Cor, Commissioner, B.C.H.I.S.*

### Alberta

Section 4, subsection 3 of The Hospitals Act, Chapter 184 of the Revised Statutes of Alberta 1953, and Regulation 33 under this Act, are the only references to by-laws. Section 4, subsection 3, states that "Any by-law, rule or regulation made by the board of any hospital and approved by the Minister, shall have the same effect as a regulation made under this Act and may be amended or rescinded by order of the Minister." Regulation 33 states "Every hospital board shall enact by-laws for the proper carrying out of the business of the hospital. Such by-laws shall not be inconsistent with The Hospitals Act or with any Regulations made thereunder."

As a result, Alberta legislation

requires hospitals to enact by-laws which may or may not be approved by the provincial government, but to have the same authority as provincial regulations they must be approved by the Minister of Health.—*M. G. McCallum, M.D., Director, Hospital and Medical Services, Department of Public Health.*

### Saskatchewan

Hospital by-laws and medical staff by-laws require approval of the Minister of Public Health, the subject being dealt with by regulation, under authority of our "Hospital Standards Act," section 4 of which reads in part as follows:

"The Lieutenant-Governor-in-Council may make regulations with respect to the inspection, control, government, management, conduct, operation and use of hospitals."

Under authority of such a statute we have had regulations in effect here for many years concerning the hospital board's responsibilities in respect to by-laws, the current version dealing specifically with this particular matter appearing as follows:

"Every hospital shall have a board of directors or a board of management appointed or elected in accordance with the provisions of the authority under which the hospital is established.

"The board shall have full administrative control of the hospital, including the medical, surgical, obstetrical and dental staff thereof, and shall be responsible for the due observance and enforcement of the Hospital Standards Act and regulations under the Act and the hospital by-laws. The board shall also be responsible for the enforcement of the medical staff by-laws and the rules and regulations of the medical staff.

"The board shall appoint a chief executive officer who shall be responsible to the board for the due observance and the enforcement of the Hospital Standards Act and regulations under

the Act and the by-laws, and who shall be the officer representing the board with whom the minister and his officers shall ordinarily deal in regard to hospital matters.

"Every board of management of a hospital shall enact general by-laws, medical staff by-laws, rules and regulations for medical staff, and regulations for proper carrying out of the business of the hospital, but no such by-laws, rules and regulations shall have force and effect until they have been approved by the minister. Any amendment to the by-laws, rules and regulations shall also be subject to the approval of the minister.

"The by-laws of every hospital shall prescribe the methods and terms of admission thereto; define and regulate the duties and powers of the medical and dental staff, and administrative officers thereof; provide for the establishment of a proper system of records and accounts and the appointment of an auditor; and establish all policies necessary for the provision of good patient care.

"Qualified medical practitioners, prior to appointment to the medical staff, shall sign an acceptance of the hospital's by-laws and other policies."—*F. B. Roth, M.D., Deputy Minister, Department of Public Health.*

### Manitoba

The answer to your question could be stated as "Yes". The authority for this is given in Section 7 of The Hospital Aid Act of this Province which states, in part, as follows:

"7. (1) Every hospital, before it becomes entitled to receive any payment or grant under this act, or the directors, governors or management body thereof, shall (a) enact, pass or establish by-laws, rules or regulations, (i) for the government and management of the hospital generally in accordance with such form, and making provision for such matters, as may be directed by the Lieutenant-Governor-in-Council; (ii) for prescribing the method and terms of admission to the hospital; and (iii) defining and regulating the salaries, duties and powers of its officers and servants,

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## O.H.A. Section Meetings

### Accounting

**T**HE annual meeting of the accounting section of the O.H.A. took place on Tuesday morning, October 23rd. About 180 members were in attendance.

The chairman, Alfred T. Story, Guelph, outlined some of the reasons why the accounting section committee had been preoccupied with the question of budgeting and indicated that this subject was the one which would receive primary emphasis at the meeting. Ocean G. Smith, committee secretary, reported that a sub-committee under the chairmanship of C. A. Sage, Toronto, had been appointed to design suitable budget forms for use in the hospitals of Ontario. Mr. Smith indicated that Mr. Sage and his committee had held meetings and had the proposed forms drafted for presentation to the first meeting of the new accounting section committee.

Robert M. Clements, secretary, Hospital Rate Board, Winnipeg, spoke on "Hospital Budgets". He indicated that budgeting in hospital management was as necessary as reconnaissance in military operations, stating: "It is sound business for any hospital to have a carefully prepared budget and the time spent in budget preparation is insignificant in comparison with the benefits that are derived by the hospital." It enables management to make a thorough appraisal of the situation, to weigh carefully all the factors which must be taken into consideration, to review the courses that are open in the light of the aims or objectives, to reach conclusions, and, finally, to decide upon a plan of action.

Mr. Clements emphasized the need for complete written explanations of budgeted variations, particularly where budgets are submitted to third party paying agencies. He recommended that budget forms be designed along the lines of those illustrated in chapter XIV of the *Canadian Hospital Accounting Manual*.

Following the presentation of this paper, a lively discussion period took place under the direction of A. T. Story. Questions were answered by R. M. Clements, S. G. Anderson, C. A. Sage, Roy W. Erdmann, Murray Ross, and Ocean Smith.

The following committee was elected for the ensuing year: S. G. Anderson, Ottawa (subsequently elected Chairman); L. J. Campbell, J. B. McAulay, and J. D. Snedden, Toronto; J. Steward, Hamilton; Margaret H. Sullivan, Oakville; D. D. Thornton, Port Colborne; J. T. Walker, Atikokan; C. K. Wright, Oshawa; A. T. Story, past-chairman, Guelph; Sister Marie Joseph, Sudbury.—*Murray W. Ross.*

### Dietetic Section

**M**EETINGS of the Dietetics Section were held in the roof garden of the Royal York Hotel on October 23rd and, during the morning, three main topics were examined — obesity, teaching the diabetic patient, and diet in cancer.

Speaking on obesity, Ruth McIntosh of the Department of Household Science, University of Toronto, told of a study being conducted at that university in co-operation with the Women's College Hospital, Toronto. The object of the study, she said, is to determine how the patient may best be helped to reduce his food consumption; and to consider carefully the most practical type of diet for long-term use. Patients are selected from the outpatient clinic of the hospital and two groups are under study, ranging from 17 years to 50 in age and 200 to 300 pounds in weight. The diet chosen contains 1,100 to 1,200 calories and includes all dietary essentials. Miss McIntosh intimated that a thorough understanding of the diet was the greatest influence in keeping patients on it and that results to date support the view that weight can be lost, and the loss maintained, on a normal adequate diet.

"The Role of the Physician,

Dietitian, and Nurse in Teaching the Diabetic Patient" was a subject approached by speakers from the respective professions. Dr. H. R. McAllister of Hamilton stressed that teaching the patient must begin as soon as the condition is discovered and must continue every time the patient visits the doctor's office. He outlined what the patient should know about the disease and indicated that he or she should be encouraged to join the local branch of the Canadian Diabetic Association.

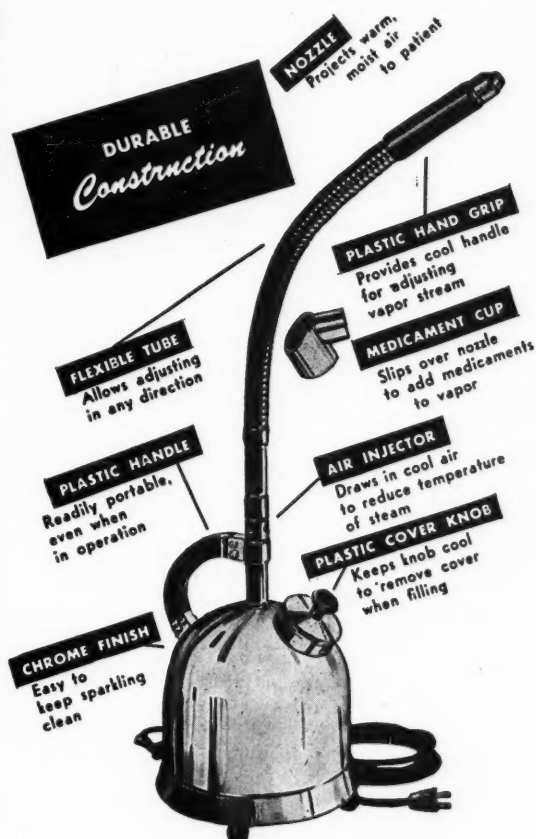
Isobel Locherbie of the Diabetic Association of Ontario stressed that the dietitian must help the patient to develop a positive approach to his diet. She plans the diet according to prescription and the patient's preferences and should be able to convince him that he can have interesting and varied meals after he has learned the substitutions list. Miss Locherbie described the diet counselling service carried on by her own organization.

The nurse's responsibility in educating the diabetic was discussed by Eileen Robinson, medical clinical instructor at Hamilton General Hospital. The nurse, she said, must teach the patient how to administer his own insulin, as well as other necessary procedures, and instruct him generally in proper hygiene.

Dr. D. Hunter Thomson, assistant radiotherapist, Ontario Cancer Foundation Clinic, Victoria Hospital, London, Ont., addressed the dietitians on "Environment and Diet in Cancer". Pointing out that most of the information on this subject has been proved by animal experiments, the speaker indicated that many of the types of cancers tested respond to calorie restriction but that the magnitude of the inhibition is related to the extent of deprivation and composition of the diet. Since deprivation causes the animal to lose weight, life is not lengthened, he said. Concerning man, Dr. Hunter stated that the development of certain kinds of tumours is partially dependent on the nutritional state. Statistical and clinical studies suggest, he said, that individuals who are overweight and past middle age are more apt to die of cancer than persons of average weight or less. Diet during treatment is very important, according to the speaker, because then patients tend to have



# THE MYRICK INHALATOR



Note: Action of air injector can be demonstrated as follows: Start Inhalator in operation and when vapor is being projected from nozzle, wrap a handkerchief or other material over the four holes in tube just above handle. This cuts off air supply and steam coming out of nozzle will not be projected. Remove handkerchief and notice how vapor is again projected.

Entire contents of Inhalator must come to a boil. Warm up period can be reduced by filling with hot water.

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5. Plastic carrying handle makes unit readily portable even when in operation.
6. Can be filled anytime simply by pouring water into filler opening.
7. Flexible tube allows easy adjustment of vapor stream.
8. Vapor is projected to patient thus eliminating need for croupe hood except in extreme cases.
9. Holds one and one-half gallons of water and will operate ten hours on one filling.
10. Thermostatic cutoff to protect heating element in case it runs dry.
11. Chromalox heating element will give life-time service.
12. Medicament cup for adding medicants slips over nozzle.
13. UL and CSA approved.
14. Nine foot heavy duty appliance cord.

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DECEMBER, 1956

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little appetite and food should be made as attractive as possible to them.

Dr. E. W. McHendry, professor of public health nutrition, School of Hygiene, University of Toronto, discussed "Food Habits of Children", basing his remarks on a survey made of one day's food intake of grade 8 students in Toronto schools. On the whole, this survey indicates that Toronto children are still not eating a proper diet, in spite of the nutrition program in the schools, with its emphasis on the proper use of Canada's Food Rules. Lack of money cannot be the major cause of the unsatisfactory intakes of milk, fruit and vegetables, since the expensive meats and wasteful sweets were used generously. The important factor seems to be a combination of indifference and ignorance, Dr. McHendry stated.

These results should be of interest to hospital dietitians, Dr. McHendry continued, because the food intakes of children reflect the food habits of the adults in the family. If they both could be convinced that it is more interesting and healthful to eat a variety of foods, they would be less of a problem if and when they became hospital patients. The speaker stressed the need for better health education and suggested that the present approach may be wrong. People like foods because they are appetizing, not because they are told that a certain food is good for them. "We badly need a widespread interest in good cooking. . . . To many people food is a vehicle for catsup".

The nature and administration of the Food and Drug Act was described by Dr. F. S. Thatcher, of the Food and Drug Directorate, Ottawa. The Act was designed to ensure that all foods, drugs and cosmetics offered for sale are safe and wholesome, and to prevent fraud, adulteration, incorrect or misleading labelling, and unethical advertising. During the first few years, 82 years ago, about 50 per cent of foods sampled contravened the Act, as compared to 1 or 2 per cent today. Research problems dealt with by the directorate include the examination of scripts advertising foods, determination of safe levels of toxicity in new insecticides, the interaction of drugs with barbiturates, and the quantity and availability of vitamins. Food industries are

inspected and there is a constant need for control at the source. All of this detailed research and inspection must be carried on, Dr. Thatcher stated, so that controlled action under law may be taken for the benefit of the public.—*Wilda Fitch and Barbara Walsh.*

### Laundry Administration

**L**AUNDRY administrative personnel were well represented at their session, meeting for the first time as part of the O.H.A. convention. Their chairman, A. E. Rudd, Laundry Superintendent of the Royal York Hotel, reviewed the conditions for membership in the National Association of Institutional Laundry Managers; and the advantages of receiving help and the latest information on laundry problems.

The participation of laundry personnel in meetings and institutes is important to the future of laundries. Training courses for laundry personnel were also advocated by A. T. George, laundry superintendent of Hamilton General Hospital, discussing requirements of the hospital laundry. With the completion of the St. Lawrence seaway, populations of many cities in Ontario will increase. Hence "hospitals will do well to plan for the future in setting up their laundry department with a view to expansion and modernization". For various reasons, he said, automation of the equipment in hospital laundries is a great need: (1) to save wages; (2) to perform more operations with precise accuracy; (3) to save floor space; (4) to provide more space for machine maintenance; (5) to decrease labour turnover and overtime; and (6) to retain the services of older employees. Automation is, he said, the way to a balanced, efficient hospital laundry service. The business administrator, he said, should co-operate with a qualified laundry manager who should have, under his direction, a modernized plant with automatic equipment, such as the Brantford General Hospital has obtained. He advised that every laundry manager be a member of the Canadian Research Institute of Launderers and Cleaners, at Ottawa. In planning laundries, he said, we must know: (1) type of hospital; (2) volume of work; (3) type of work; (4) equipment required; and (5) other materials

required such as steam mains, power lines, and water softener. He recommended that the suppliers' representatives be welcomed, as reputable supply companies give value received in products and service, and help you to keep abreast of latest developments in laundering. Mr. George urged "To solve our laundry problems of the future and cause men, women, and machines to work together in an orderly fashion is complex enough to tax the very best talents that we have."

Grace C. Frank, Assistant Professor of MacDonald Institute, Guelph, addressed the session on "Methods of Testing Materials and Proper Procedures in Buying." She gave practical information and discussed tests of value in buying linens, towelling, et cetera, as a means of gauging their suitability, shrinkage, and resilience. It is wise to pay for top quality, she said, and to test periodically to assure that they are of top quality. She warned against too much sizing in sheeting often used in cheap goods to increase the weight. A high thread count is preferable, she said, and shrinkage and colour fastness should also be tested. In blankets, long fibres are desirable and a blanket-stitched edge preferable to satin binding. In towelling, Miss Frank recommended the "4 to 5 pick" towel with plain border, as fancy borders often shrink. It was urged that hospitals make use of textile laboratories such as the Ontario Research Foundation or the C.R.I. and suggested that they let manufacturers know they are doing this. It was pointed out that the new laundry organization being contemplated would set up standards and give advisory service.—*Kathryn Leslie.*

### Medical Record Librarians

**T**HE 22nd annual meeting of the Ontario Association of Medical Record Librarians was held on October 22nd and 23rd in the library of the Royal York Hotel, Toronto, with Elizabeth Wright, president, in the chair.

Mrs. Janet Milner presided at the Monday afternoon session. A manual punch-card system for diagnostic and operative indexes was illustrated by P. L. McKenzie, McBee Company Limited, Toronto. A film "Streamlining Hospital



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Paperwork" was shown, which enabled the viewers to see how a mechanical imprint-plate system has facilitated admitting procedures. J. A. Dyce, Addressograph-Multigraph of Canada, Toronto, answered questions concerning this presentation. The assembly hall of St. Michael's Hospital was the scene of a tea for O.A.M.R.L. members.

The business meeting of the association was held on Tuesday morning with Elizabeth Wright presiding. Margaret Waines, Toronto, delegate to the national convention held in Vancouver, October 10-12, gave a report of this meeting. Doris McPherson, Toronto, reported on some of the highlights of the Second International Congress on Medical Records which took place in Washington, D.C., October 1-5.

At the sectional meeting on Tuesday afternoon, Dr. J. A. Sullivan, chief of the Department of Otolaryngology and Research, St. Michael's Hospital, presented his excellent film on the "Fenestration" operation. Dr. A. Miller, clinical director, Ontario Hospital, Toronto, gave a paper on "The Concept of Diagnostic Classification in Psychiatry". Dr. Miller pointed out the need to record relevant data in the physically ill who are hospitalized in general hospitals. He emphasized the need for statistical analyses of the activities of psychiatric hospitals and expressed the opinion that the types of statistical reports needed would require drastic alteration of reporting techniques of many hospitals. Frances Lindenfield reviewed the history of medical recording and discussed the "Compactus" system of filing medical records. The convention closed with the installation of Mrs. Janet Milner as president.

#### O.A.M.R.L. Officers

**President:** Mrs. Janet Milner, Women's College Hospital, Toronto.

**President-elect:** Frances Lindenfield, Toronto.

**Vice-president:** Mrs. Mary Anne Jelaffke, Queensway General Hospital, Toronto.

**Secretary:** Barbara Hawken, Oakville-Trafalgar Hospital, Oakville.

**Treasurer:** Miriam Smith, Humber Memorial Hospital, Toronto.

—Doris McPherson.

#### Nursing Administration

**"IMPROVING Patient Care Through Nursing Education"** was the theme of a paper presented by Dorothy R. Colquhoun, director, School of Nursing, Metropolitan General Hospital, Windsor, Ont. The subject was developed through a description of the organization of the educational program now used in the above school—two years of study and a third year devoted almost entirely to bedside care. The education of the student nurse reflects itself, the speaker said, in the standard of care given patients. While a rearrangement of the pattern of education into a more desirable form may work hardships on nursing service for a time, these are worth tolerating to accomplish ultimate gain. Miss Colquhoun emphasized that a reappraisal of the whole financial structure of nursing education is needed, with an evaluation of perquisites, such as living accommodation and maintenance, which nursing students receive, and which are now included in the cost of nursing education. Moreover, she said, "we must press wherever, whenever, and however we can for government to assume its proper responsibility for nursing education."

Edith McDowell, Dean, School of Nursing, University of Western Ontario, London, spoke on "The Work Conference as a Method of Staff Education", indicating that she considered this method a most promising one. She presented a comprehensive outline of the objectives, characteristics, planning and organization of work conferences, emphasizing the importance of the leader's role in gaining the free and thoughtful participation of the group. The

stages in the development of a work conference were considered and a panel group gave a demonstration of this method for inservice education.

In pointing out the value of pension plans for hospital personnel, W. D. Welsford, executive vice-president, William M. Mercer Limited, stated that such plans give employees a sense of security and help considerably to cut down labour turn-over, as well as attracting a higher calibre of employee. He suggested that the attractiveness of any pension plan would be enhanced by provision for transferability of pension credits from one hospital plan to another, in case an employee changes positions. By this he meant that employees, subject to certain minimum service qualifications, should be enabled when changing positions to take not only their own contributions but also those of the hospital—transferring the value of the accumulated pension from the previous plan to the new one. This could only be accomplished by a national or provincial plan. It was the speaker's opinion that such a provision would have a strong appeal to nurses.

He then pointed out that at the present time only 41 out of 177 hospitals in Ontario have pension plans for their staff, i.e., rather less than 25 per cent; whereas approximately 50 per cent of Canadian industrial establishments have such plans available. —Eugenie Stuart.

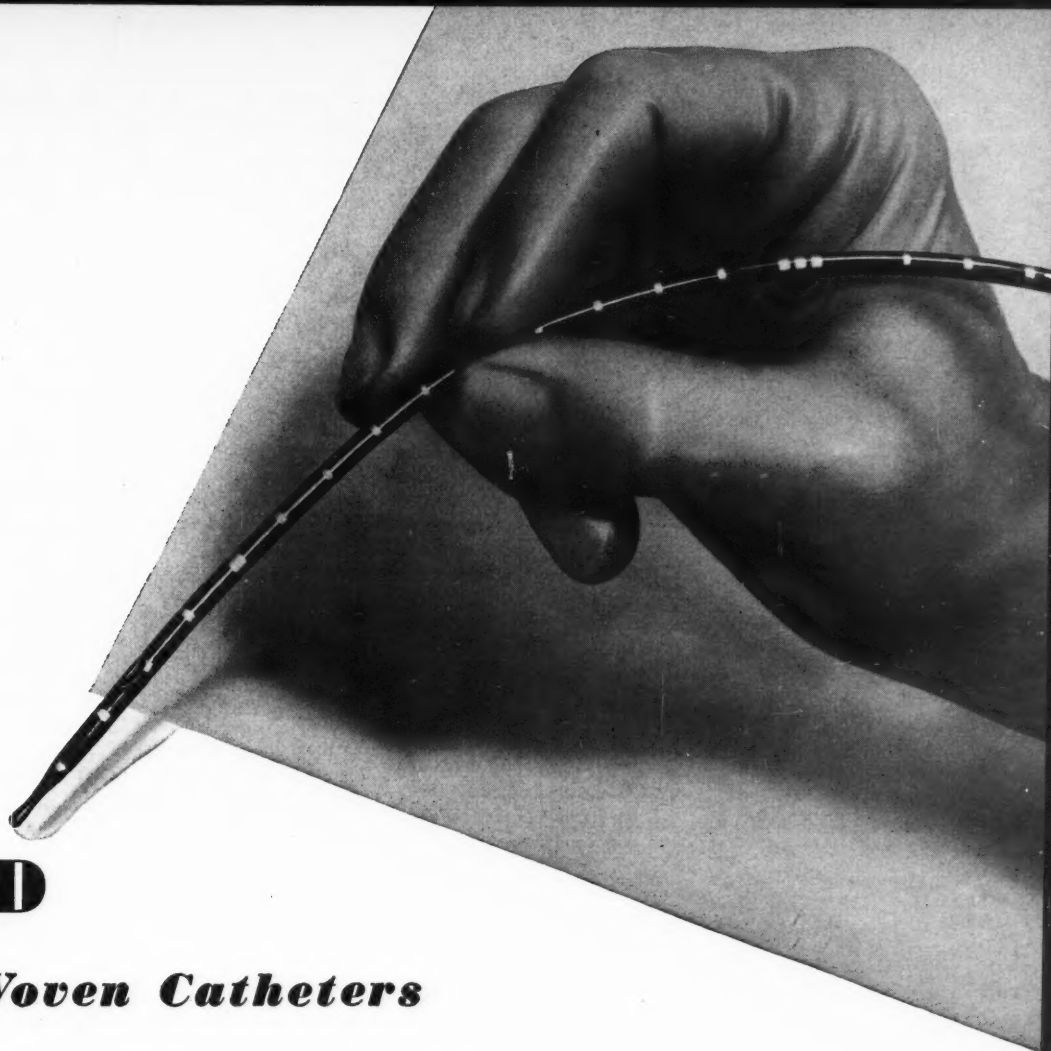
#### Pharmacy Section

**"THE Legal Aspects of Pharmacy"** provided subject matter of considerable significance at the Pharmacy Section meeting. Frank D. Buck was moderator of the panel which dealt with this subject and which included R. Fraser Armstrong, administrator of Kingston General Hospital; Ellen C. McLean, director of nursing at Northwestern General Hospital, Toronto; and Sister M. Ancilla, chief pharmacist at St. Joseph's Hospital, Hamilton.

"Hospitals are now big business", Mr. Armstrong warned, "and they can no longer be assured of the legal immunity they once enjoyed when hospitals were dependent upon the generosity of

(continued on page 78)





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## Resolutions Adopted

### Construction Grants

WHEREAS the Associated Hospitals of Manitoba in annual meeting October 19th, 1955 passed the following resolution:

WHEREAS certain hospitals are required to effect major repairs and renovations to existing plants to bring facilities up to modern standards and maintain adequate hospital service,

AND WHEREAS hospital construction grants presently have limitations that tend to restrict the best development of hospital facilities,

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba recommend to the Government of Manitoba and the Government of Canada that consideration be given to amending regulations governing hospital construction grants to permit assistance in effecting any major repair and/or renovation necessary to improve or extend hospital care,

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba re-affirms its position in this connection and that this resolution again go forward.

### Training for Nurse Administrators

WHEREAS it would seem desirable to provide special training for registered nurses undertaking the duties and responsibilities of administration of small hospitals,

AND WHEREAS it would seem that a short course specifically designed to meet this need would be a valuable aid to nurse administrators and the hospitals they serve,

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba recommend to the Canadian Hospital Association that consideration be given to extending the educational services of the Association to provide a short course in administration designed for small hospital nurse administrators.

### Grants to Schools of Nursing

WHEREAS the Associated Hospitals of Manitoba in annual meeting, October 19th, 1955 passed the following resolution:

WHEREAS training schools for registered nurses are operated by funds obtained through charges levied against and collected from patients in Manitoba hospitals,

AND WHEREAS schools of nursing do not receive statutory or other financial assistance or support as do other professional educational institutions,

AND WHEREAS the expense of operating schools of nursing tends to increase the cost of service to patients,

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba recommend that the Government of Manitoba make an educational grant of \$300.00 per student nurse, the amount to be paid to the hospital school of nursing upon graduation of the student,

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba re-affirms its position in this connection and that this resolution again go forward.

### Blue Cross

WHEREAS voluntary prepayment of hospital insurance has been sponsored or supported by hospitals of Canada and the United States,

AND WHEREAS such hospital sponsored plans have pioneered the field and demonstrated the need, demand and feasibility of protection against the cost of illness, until today 52 million people in Canada and the United States are enrolled in such Blue Cross Plans,

AND WHEREAS the hospitals and Blue Cross Plans have developed certain basic principles of operation which have become basic requirements for approval by hospitals of a prepayment plan,

NOW THEREFORE BE IT RESOLVED that the hospitals of Manitoba in convention assembled do re-affirm their belief in the concepts and principles of the Blue Cross Hospital Service Plans; do re-pledge their support to voluntary effort in meeting the needs of their communities for prepaid hospital care; and do recommend to Manitoba employers when devising welfare plans for their employees, adoption

of a Manitoba Hospital Service Association Plan.

### C.H.A. Constitution

WHEREAS the Canadian Hospital Association has requested the opinion of the Associated Hospitals of Manitoba in connection with suggested changes in the constitution of the Canadian Hospital Association,

AND WHEREAS directors of that body are currently elected by the Assembly of constituent members,

THEREFORE BE IT RESOLVED that the Board of Directors of the Associated Hospitals of Manitoba recommend to the Canadian Hospital Association that representative directors be named by provincial associations; together with such other changes as are deemed advisable.

### Establishment of Rates

WHEREAS Manitoba hospitals are assured of recovery of reasonable cost of care for indigent patients by rates established by the Manitoba Hospital Rate Board from time to time,

AND WHEREAS such rates shall be sufficient to provide the funds necessary to operate the hospital in a reasonably efficient manner,

THEREFORE BE IT RESOLVED that the Hospitals of Manitoba be required to submit a statement of projected operations in the form of an operating budget for consideration prior to the final establishment of such rates.

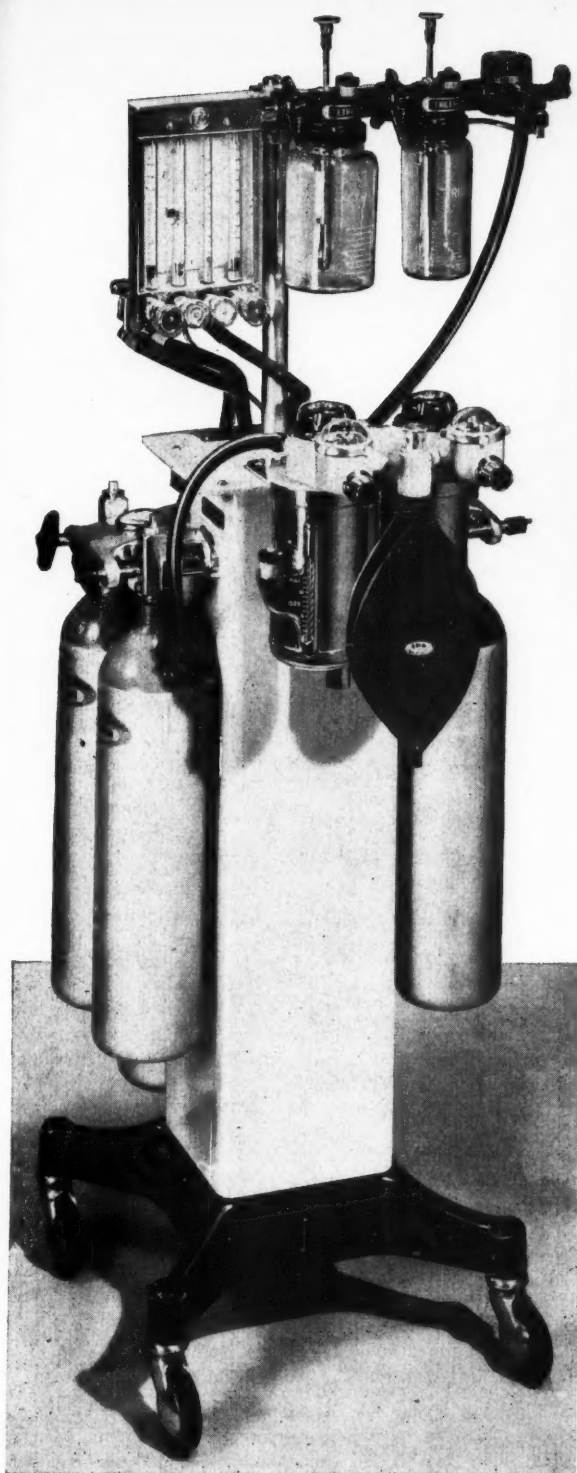
### Depreciation and Interest on Capital Debt

WHEREAS the Associated Hospitals of Manitoba did, on September 26th, 1955, submit a brief to the Minister of Health and Public Welfare of the Province of Manitoba in connection with National Hospital Insurance proposals recommending that:

1. Existing and planned hospital facilities be utilized to the fullest extent,
2. Hospital care be available to all regardless of ability of the individual to pay for such services,
3. All hospitals must be reimbursed on the basis of full cost of care,
4. A study be made and financial assistance be provided to develop adequate services for the care of the chronically ill and long-term patient,

AND WHEREAS the proposal on hospital insurance made by the Na-  
(concluded on page 84)





*-and now a*

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## With the Auxiliaries

### Ontario Auxiliaries Hold Annual Convention

A leadership institute was the highlight of the opening meeting of the 46th annual convention of the Women's Hospital Auxiliaries Association of Ontario, held in conjunction with the O.H.A. convention, in the Royal York Hotel, Toronto, from Oct. 21 to 23.

The institute was conducted by Mrs. J. B. Handfield, director of public relations, National Council of Hospital Auxiliaries of Canada, Montreal. With the idea of broadening the scope of auxiliary service in "the changing hospital scene", key people in various fields were presented as speakers: Eileen Mitchell Thomas, barrister-at-law, Ottawa, spoke on "Parliamentary Procedure"; Barbara Greene, director of volunteer workers, New Mount Sinai Hospital, Toronto, on "Training the Hospital Auxiliary Volunteer in large and small hospitals"; and Mrs. Robert Verner, chairman of public relations, Ottawa Civic Hospital Auxiliary, on "Public Relations". Auxiliary presidents taking part in this meeting were given invaluable guidance to help them spot and develop leadership

qualities among the members of their own auxiliaries.

Total registration at this convention was in excess of 260 delegates, representing a total of more than 42,000 hospital-minded women who raised for the hospitals of Ontario a total of almost \$600,000 during the past year. Each year these totals keep rising. Great credit was given to the auxiliaries for their unstinting voluntary service by Raymond P. Sloan, president, The Modern Hospital Publishing Company, New York, N.Y., at their luncheon on the final day of the convention.

A report on activity in the various regions throughout the province was given by Mrs. E. D. Gruetzner, director of regions. Of particular interest were the reports given from specialized hospitals: convalescent home, operated by the Hamilton General Hospital Auxiliary, by their president, Mrs. Ralph Cooper; chronic hospital, reported by Mrs. W. T. O'Regan, president, St. Vincent's Hospital Auxiliary, Ottawa; Salvation Army Grace Hospital, Windsor, reported by Mrs. A. H. Lyon, president, women's auxiliary.



Officers of the Women's Hospital Auxiliaries Association of Ontario for 1957 are pictured here. Left to right, sitting: Mrs. W. C. Vaughan, St. Catharines, first vice-president; Mrs. John E. Buchan, Belleville, president; Mrs. H. G. Horning, Woodstock, immediate past-president. Standing: Mrs. Harry J. Fuke, Belleville, corresponding secretary; Mrs. H. Ramsay Park, press and public relations director; Mrs. M. J. McIntosh, Woodstock, treasurer; Mrs. W. A. Butters, Fort Erie, recording secretary.

The report of the committee of nominations was presented and all officers were unanimously returned to office.

### Officers 1956-57

*Honorary president:* Hon. MacKinnon Phillips, M.D., C.M.

*Honorary vice-president:* E. V. Chart-ers.

*President:* Mrs. John E. Buchan, Belleville.

*Immediate past president:* Mrs. H. G. Horning, Woodstock.

*Recording Secretary:* Mrs. W. A. Butters, Fort Erie.

*Corresponding Secretary:* Mrs. H. J. Fuke, Belleville.

*Treasurer:* Mrs. M. J. McIntosh, Woodstock.

*Press and public relations director:* Mrs. H. Ramsay Park, Trenton.

*President-elect:* Mrs. W. C. Vaughan, St. Catharines.

*Honorary officers:* Mrs. Graham Harkness, St. Catharines; Mrs. J. D. Smith, Chatham; Mrs. J. D. Good, London; Mrs. K. C. Turnbull, Stratford; Mrs. Chas. Sim, St. Catharines; Nettie Boyle, St. Catharines; Annie Moon, and Mrs. P. M. Dewar, Ingersoll; Mrs. A. J. Dodman, Chatham; Mrs. Dorothy Dworkin, Toronto; Mrs. H. W. Davis, Kingston; Mrs. W. C. Mikel, Belleville.

—Reported by Mrs. H. Ramsay Park

\* \* \* \*

### Pay Tribute to Mrs. W. P. Fillmore

The National Council of Hospital Auxiliaries of Canada have announced the winner of this year's award in their national project—a scholarship for a student in the field of medical-social work. As a way of paying tribute to the memory of Mrs. W. P. Fillmore, the scholarship now bears her name. This year's recipient is John E. G. Murrell, Winnipeg, Man.

\* \* \* \*

### "Waist" Money for Auxiliary

An original idea for a money making project has been put into operation by the Ste. Agathe Unit of the auxiliary to the Royal Edward Laurentian Hospital, Montreal, P.Q. They are sending out by mail tiny aprons, accompanied by an invitation to place in the pocket of the apron a penny for every inch around the waist of the receiver, stating, "if you wairst your money, we pocket it".

\* \* \* \*

### Stretcher Purchased

Proceeds from a fashion show have been donated by the women's auxiliary to the Trail-Tadanac Hospital, Trail, B.C. to purchase a wheeled stretcher for the hospital maternity ward. A cheque for \$300 has also been given to the administrator for the purchase of necessary equipment.

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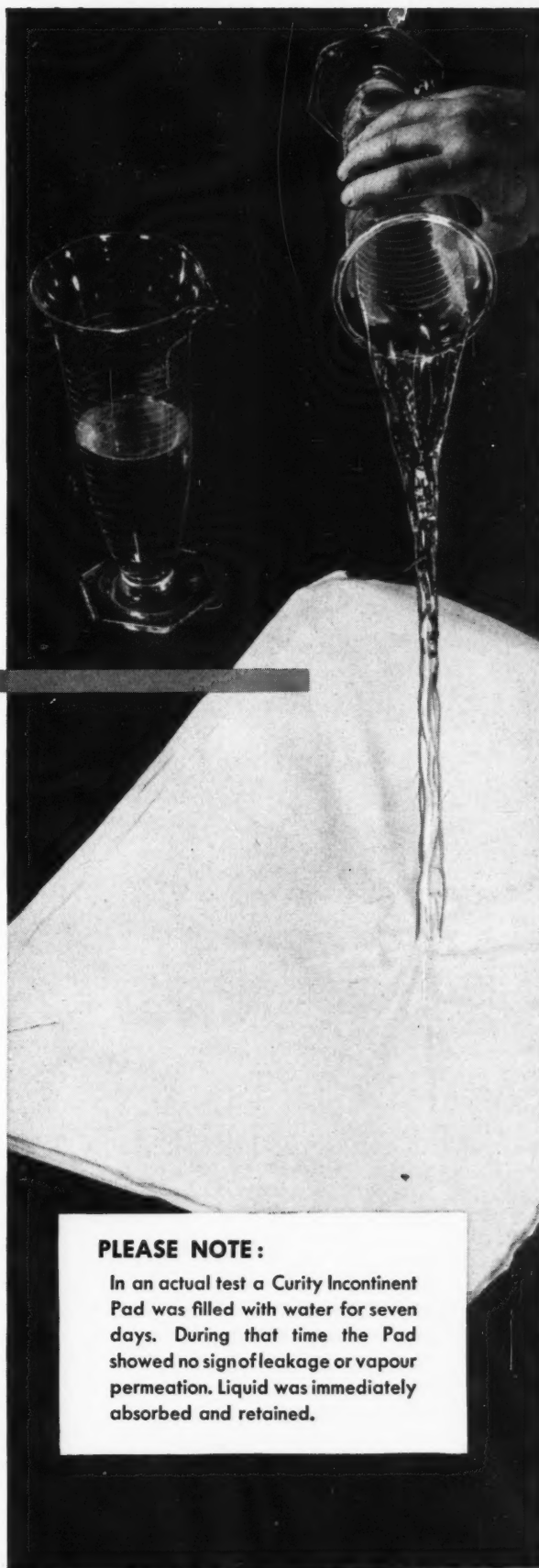
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## ◀ Provincial Notes ▶

### *British Columbia*

**VICTORIA.** The directors of Queen Alexandra Solarium are calling for tenders for a new building to be erected at Gordon Head, Victoria. The building will be in two levels, with the entrance into the upper level which will contain the administration offices. The lower level will provide 64 beds, with all patients' rooms facing the water. Facilities will include occupational and physiotherapy, hydrotherapy, play and recreation areas, school-room facilities, and an auditorium. The building will be of reinforced concrete construction and will be readily expandable to 96 beds if required. Total cost of the building, designed by architect Charles E. Craig, Victoria, is estimated at \$1,000,000.

**VICTORIA.** The Victoria Cancer Society is planning a \$100,000 clinic to replace crowded facilities at Royal Jubilee Hospital. The new clinic, to be located on the hospital grounds, would include a cobalt bomb installation, housed in a concrete chamber with walls two feet thick as a protection against its radio-active rays. The proposed new building, designed by architects, Whittaker and Wagg, would be of single-storey, reinforced concrete construction. It would eventually become part of a proposed new \$1,400,000 wing.

**WHITE ROCK.** A \$260,000 expansion program at White Rock District Hospital is being planned. The expenditure includes a \$70,000 nurses' residence and a \$190,000 addition to the hospital to provide 32 beds for a total of 75 beds. Preliminary drawings for the two projects have been completed by the architects, Robert C. Bennet Associates of Vancouver. Present plans for the hospital addition call for a single-storey frame wing which will supplement maternity ward facilities as well as providing additional beds.

### *Alberta*

**WETASKIWIN.** Working drawings

are being prepared for the construction of a 25-bed addition, including operating suite and administration facilities, to the Wetaskiwin General Hospital. The extension is being designed by architects, K. C. Stanley & Co., Edmonton.

### *Saskatchewan*

**PRINCE ALBERT.** The \$350,000 Mont St. Joseph home, built by the Sisters of Our Lady of the Cross, Forget, Sask., has been officially opened.

### *Manitoba*

**PORTAGE LA PRAIRIE.** The new half million dollar Portage District Hospital was opened recently. The hospital designed to accommodate 80 beds is built more or less in the shape of a cross. The north wing is arranged for the x-ray and laboratory facilities on one side and for the operating theatres and reception of casualties on the other side. The east wing has accommodation for surgical patients. The maternity section and nursery are located in the south wing. At the far end of this wing is a bright solarium for recuperating patients. The west wing accommodates the medical and paediatric wing. Where the four wings intersect is the nerve centre of the whole building, containing the central office, reception desk and administrator's office. From this point all wings can be clearly seen.

**WINNIPEG.** Split levels, salmon-coloured brick and green-toned windows are a few of the exterior features of the new \$3,500,000 Winnipeg Children's Hospital. The new hospital, which has been under construction for two years, accommodates 250 patients. The interior decoration is colourful and youthful, in an attempt to depart from the institutional look. The designers have staggered the corridors so that they do not run from one end of the building to the other, appearing endless to young eyes. The hospital contains the latest equip-

ment and facilities for treating the children.

### *Ontario*

**OTTAWA.** The newly-opened \$1,250,000 Mary B. Ross Memorial Wing of the Perley Hospital has increased the capacity of the hospital from 107 to 214 beds. The hospital is equipped with physiotherapy and hydrotherapy departments and boasts complete facilities for the treatment of aged and patients suffering from long-term illnesses.

**TORONTO.** Tenders are being called by the Toronto East General and Orthopaedic Hospital for the proposed construction of north and south extensions to the west wing, an extension to the out-patients' department, laundry, and interns residence. Estimated cost is \$3,200,000.

**WOODSTOCK.** Brick work is progressing at the 500-bed addition to the Ontario Hospital north of Woodstock. Plans call for the opening of the addition late in 1957. Estimated cost of the structure, which will increase the capacity of the present hospital by a third, is \$5,000,000.

### *Quebec*

**HULL.** The new Sacred Heart Hospital in Hull, being built at an estimated cost of between four and five million, is now nearing completion, but it will not be ready for occupancy until the fall of 1957. The new hospital will contain 350 beds at the outset.

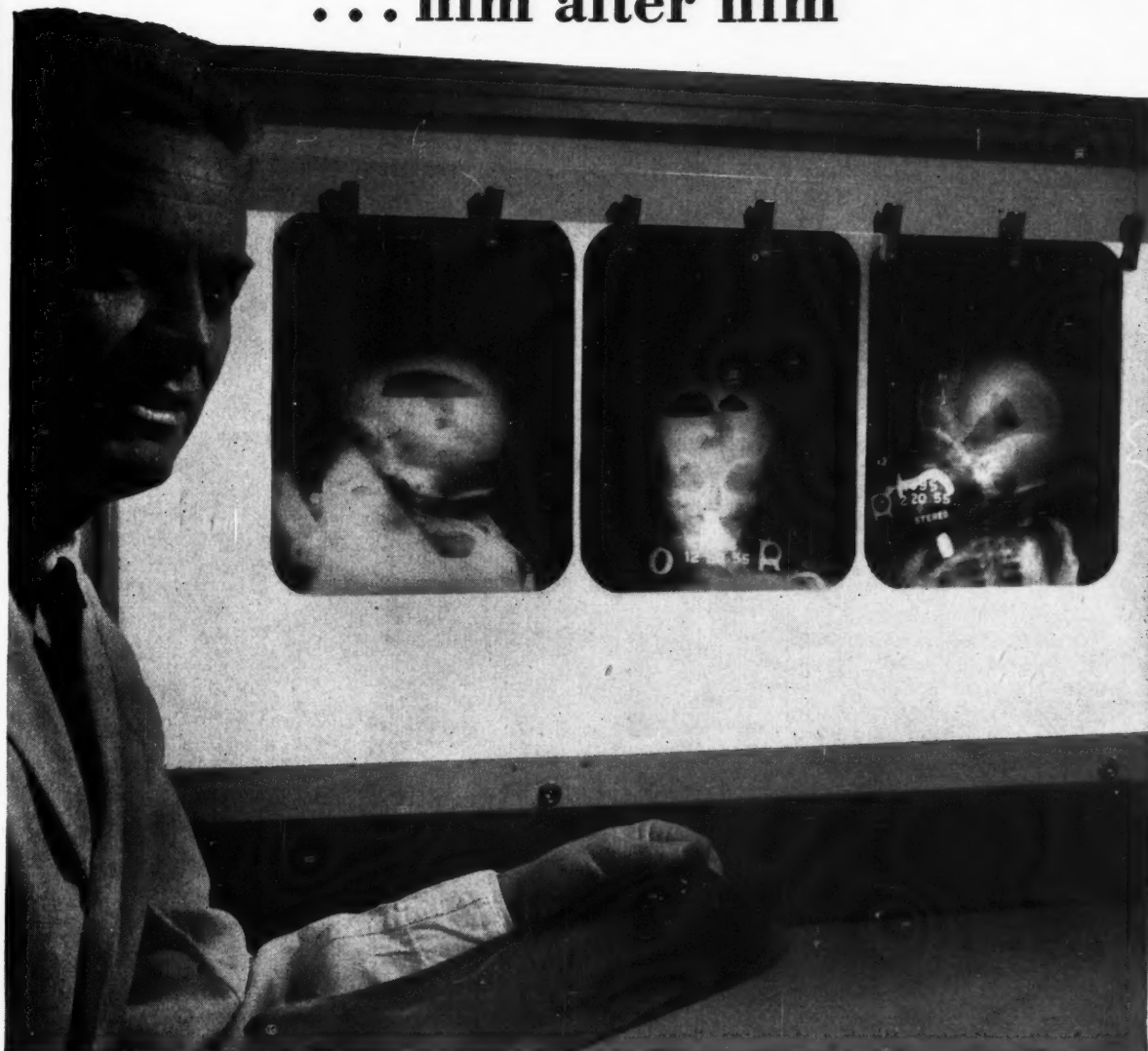
**MONTREAL.** Patients in the Montreal Children's Hospital have been moved to the new hospital, built at a cost of \$10,786,311. It will provide accommodation for 385 patients, including private and semi-private rooms, although only 235 beds will be opened immediately. There are 173 beds in the old hospital. The new buildings will provide space and facilities for complete diagnostic, treatment and rehabilitation services for children of all ages. Adequate clinical and research laboratories and expanded facilities for teaching programs are also included.

**SEPT-ILES.** Construction will begin here next spring on a 75-bed hospital, with allowance for expansion to meet local needs. Estimated cost is around one million dollars.

(concluded on page 72)

The CANADIAN HOSPITAL

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## Manitoba

(concluded from page 46)

Medical Record Librarians; Manitoba Division—Canadian Society of Radiological Technicians; Manitoba Branch—Canadian Society of Laboratory Technologists; Manitoba Division—Canadian Society of Hospital Pharmacists; and the Dietetic Association of Manitoba. Representatives of all these ten organizations constituted the joint planning committee. Some 900 members registered for the combined meetings.

The nursing section of the Manitoba Public Health Association met Wednesday morning during which addresses on rehabilitation services were delivered by Drs. J. D. Adamson and W. Boyd of Winnipeg. In the afternoon the Environmental Hygiene Section considered new rooming house regulations. C. W. Tupper, Q.C., Winnipeg, and G. W. Kelly (City of Winnipeg Health Department) were the guest speakers. The Manitoba Association of Registered Nurses heard an address on "Medical Arrangements — 1956 Flood Threat" by Colonel C. G. Wood, C.M.O., Prairie Command, and W. Bryce, comptroller, Metropolitan Civil Defence Board. Dr. A. L. Swanson spoke to the Dietetic Association of Manitoba on the subject "Food is Important". Dr. A. Hollenberg, internist at the Winnipeg General Hospital, spoke to the Manitoba Association of Licensed Practical Nurses on "Modern Advances of Medicine". Dr. J. Gilbert Turner addressed the Manitoba Public Health Association on "The Relationship of the Hospital and the Public Health Agencies". Dr. Paul L'Heureux, medical director, St. Boniface Hospital, addressed the Manitoba Association of Medical Record Librarians on "The Tissue Committee — How it Works".

The Manitoba division of the Canadian Society of Hospital Pharmacists held its opening session on Tuesday evening. The program was a panel discussion on a variety of topics with audience participation. The panel consisted of M. Faimon of the Winnipeg General Hospital, B. Publow of Grace Hospital, Mrs. M. Mooney, Misericordia Hospital, Miss D. Wilder, Children's Hospital, Miss P. McDowell, St. Boniface Hospital, C. Bonney, Deer Lodge Hospital, B. McGill, Vic-

toria Hospital, and S. Garvin, Winnipeg Municipal Hospitals. Following the panel discussion a fellowship hour was enjoyed when light refreshments were served.

The opening session of the Laboratory Technologists was held Tuesday evening. A paper on "Radioactive Isotopes" was presented by Dr. H. Blondal of the Department of Physiology of the University of Manitoba.

Manitoba graduates of the Canadian Hospital Association's course in hospital organization and management held a brief get-together on Tuesday afternoon. Brig. Bend of Grace Hospital, Winnipeg, was elected president of the group for the ensuing year. The group offered their help in finalizing local arrangements for the 1957 summer session of the extension course which will be held on the campus of the University of Manitoba.

### Special Events

These included a conference tea at 4:30 p.m. on Tuesday, a tour of the new Children's Hospital by the Women's Hospital Auxiliaries on Wednesday and the Women's Hospital Auxiliaries' president's reception and dinner and luncheon on Thursday. The general conference dinner was held Thursday evening in the Colonial Ball Room when the guest speaker was G. P. R. Tallin, Q.C., Dean, Manitoba Law School, and Secretary of the Manitoba Law Society. Following the dinner, a program of entertainment was provided, including dancing.



## Red Lake

(concluded from page 38)

persons as the Ontario Minister of Health, Dr. Phillips and the Federal Minister of Mines, Mr. Prudham. In the summer, we receive visiting doctors and Americans interested in hospitals. We always know when the holiday season has started by the appearance of a tourist with a fish-hook imbedded somewhere in his anatomy.

Another highlight of the year is National Hospital Day which we celebrated on May 13th with a successful open house. This year, at the height of festivities, we admitted three people who were in a car accident 60 miles down the road. One of them was a mother on the way to the hospital and, by the time she arrived here, her new infant daughter was an hour old. The other lady, who came along for moral support, was unfortunate enough to break a vertebrae in her back. Last year we had 3-lb twins in our incubator. One wonders what will happen next year.

In the evening, there might be a board meeting or guild meeting to attend. Unless one goes out of the building, one is always on hand to give assistance, answer questions or give advice, in truth just like being on duty. I am sure this is quite true of all hospitals of this size where the living quarters are in the same building. In imagination, I compare this to being a captain of a ship with one ear cocked for the throb of the engines twenty-four hours a day.

And so to bed!

### Provincial Notes

(concluded from page 70)

Plans for the building are being prepared by architect, M. Maurice Bouchard, Quebec City.

## Prince Edward Island

O'LEARY. Construction of O'Leary's new 160' x 40' hospital is proceeding on schedule and the building is expected to be ready for occupancy during the winter.

## Newfoundland

CARBONEAR. The 15-bed Red Cross community hospital at Carbonear is nearing completion. The outside of the building has been finished, and the framework dividing the various rooms has been installed. Facilities are included in the hospital plan for the housing of the x-ray machine obtained by the community last year.



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**The Book of Books**  
(concluded from page 35)

king said: "If he be alone, there is tidings in his mouth."

And the runner came apace and drew near and said: "Tidings, my lord and king. God hath avenged thee this day of all them that rose up against thee." And the king said unto the runner: "Is the young man Absalom safe?" And he answered: "The enemies of my lord the king and all that rise against thee to do thee hurt, be as that young man is. Thy son is dead."

Then was the king much moved and went up to the chamber over the gate and wept. And as he went, thus he said: "O my son Absalom, my son, my son Absalom! Would God I had died for thee! O Absalom, my son, my son!"

Now that is magnificent writing. It is full of punch, clarity and pathos. That passage is as vivid as a moving picture. Reading it you are carried back to the towers and battlements of the old, gray fortress of Mahanaim and you see, so clearly, the exhausted messenger gasping out his fateful tidings. And then you hear the anguished cry of the father, a cry that strikes an answering chord in the heart of every father whose boy has gone wrong: "O Absalom, my son, my son!" With sentences like these ringing in our ears, we can understand why Sir Arthur Quiller-Couch of Cambridge said in his book *The Art of Writing*: "The King James version of the Bible is the greatest book in English prose and the achievement of that version is a wonder before which I can only stand, humble and awed."

**Satisfying Answers**

But there is a more compelling reason why we ought to study the Bible and that is because it gives us satisfying answers for the most perplexing problems of life and death. The thoughtful man who looks at the world with an inquiring mind is fairly staggered by the problems it presents. This strange, enigmatic thing called life, what does it mean? Or does it have any meaning? These countless generations who preceded us, did their dreams and deeds matter or were they of no more significance than the buzzing of a million gnats in the sun?

Over human destiny there hangs a gigantic question mark. As to man's cosmic value and ultimate fate, the scientist supplies no answer, though he has unlocked some of Nature's deepest secrets; nor does the philosopher, though he has taken all knowledge for his

province. Only the Bible ventures an answer and we who trust it believe it has the right answer. The Bible declares that the thread of Divine purpose runs all through human endeavour and that faith, hope and love are not vain and insignificant things. And with a voice which never falters, it assures us that when our little day of life is done, if we have made an honest effort to follow Christ, we will go on into a new existence which surpasses our fondest dreams and our noblest expectations.

Some years ago, on a visit to Scotland, I went to see Abbotsford, the beautiful home of Sir Walter Scott, situated near Galashiels on the banks of the river Tweed. Scott's great-grandson took me on a tour of the house and grounds and told me many interesting stories about his famous ancestor. Finally we came to the library which had been Scott's favourite room. As I stood there, the years dissolved and I seemed to see Sir Walter himself lying on a couch beside the window, looking out at the river he loved so well. He has come to the last stages of a fatal illness and he will soon take his departure to that unknown country

from whose bourne no traveller returns.

"Read to me, Lockhart" says the dying man to his son-in-law. "From what book?" asks Lockhart looking at the well-stocked shelves which reach from floor to ceiling. "Need you ask?" replies Scott, "there is but one Book". And presently, like bells at evening pealing, these immortal words from St. John's Gospel echo through the room: "In my Father's house are many mansions. If it were not so, I would have told you. Because I live, ye shall live also."

Scott spoke better than he knew. There is but one Book. There is but one for you who are young and who need power to help you trample down temptation. There is but one for you who are middle-aged and have grown tired and discouraged under life's fretful cares. There is but one for you who are old and who travel swiftly towards the setting sun. If you read it faithfully, prayerfully and trustingly, it will satisfy your deepest longings and supply strength for every trial. And like the Psalmist of old, you will be able to say: "Thy word is a lamp unto my feet and a light unto my path."

**25th Jubilee Celebrated By Catholic Conference of Ontario**

The 25th Jubilee of the Ontario Conference of the Catholic Hospital Association was celebrated at the annual meeting held Oct. 25-26 at St. Joseph's Hospital, in Toronto. The opening address was given by His Eminence James C. Cardinal McGuigan. Greetings were brought to the members by Rt. Rev. J. B. Brunini, president of the Catholic Hospital Association of U.S. and Canada, Murray Ross, Canadian Hospital Association, C. V. Chambers, president of the Ontario Hospital Association and A. J. Swanson, chairman of the Ontario Hospital Services Commission. Speaking at the session were Rt. Rev. J. G. Fullerton, Rev. J. J. Flanagan, S. J., and R. Kneifl of St. Louis, Gordon Bell, M.D., George Culnan, M.D., Sister M. Virginia of Hamilton, Patrick Bierne, M. D., and Rev. L. J. Kelm, C.S.B., both of Toronto.

The developments in Catholic hospitals of Ontario in the past 25 years were reviewed in the presidential address, delivered by Sister Madeleine of Jesus. In this period, she stated, the number of Catholic hospitals in Ontario has almost

doubled, many of the older institutions have developed a "new look", and educational preparation and standards among hospital personnel have improved.

The following executive was elected at the conference: *president*, Sr. M. Kathleen, Toronto; *first vice-president*, Sr. M. St. Elizabeth, London, *second vice-president*, Sr. Françoise de Chantal, Sudbury; *third vice-president*, Sr. M. Evangeline, Pembroke; *secretary-treasurer*, Sr. Murphy, Cornwall. *Executive*: Sr. Madeleine of Jesus, Ottawa; Sr. Patricia, Sudbury, Sr. Mooney, Kingston; Sr. St. Leonard, Sault Ste. Marie; Sr. Hynes, Cornwall.

**New Hospital Ship**

A new hospital ship, *Columbia*, has been launched by the Columbia Coast Mission, British Columbia. Built at a cost of \$85,000 the *Columbia* will continue supplying medical aid to settlements up coast. Stationed at Alert Bay, the ship will cover about 12,000 miles a year, calling at 140 logging camps and villages.

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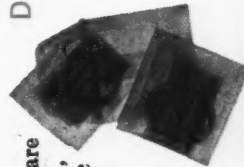
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## Resolutions Adopted

### Remuneration of Conciliators

WHEREAS on September 21, 1956 a complete revision of the regulations under the Hospital Standards Act was gazetted in the Saskatchewan Gazette (O.C. 1931/56) and amended in the September 28, 1956 issue of Saskatchewan Gazette,

AND WHEREAS section 94 of the said promulgated regulations provides for the expenses and remuneration of members of conciliation boards set up to conciliate disputes between hospitals and physicians regarding appointments or re-appointments to medical staff privileges,

AND WHEREAS as section 94 of the said regulation now reads: the Association or Organization appointing a member to the Board of Conciliation must be paid by the Association or College so appointing him or her,

AND WHEREAS the number of cases requiring conciliation, the length of time of hearing of such cases, cannot be determined, and the financial resources of such associations or organizations are limited to the extent of their collection of dues from voluntary members,

NOW THEREFORE BE IT RESOLVED that this convention assembled, request that these regulations be amended by: deleting from section 94 all that contained in the first sentence, namely, "The expenses incurred by each member of the Board of Conciliation in serving as a member of such board shall be paid by the association or organization which nominates him, providing that the minister may pay the expenses of other persons who are named by the minister as members of the board",

AND SUBSTITUTE therefore the following wording: "The expenses incurred by each member of the board of conciliation in serving as a member of such board shall be paid in the case of the representative of Saskatchewan Hospital Association and the Catholic Hospital Conference of Saskatchewan, by the board of governors of the hospital concerned; in the case of the representative of the College of Physicians and Surgeons of Sas-

katchewan by the physician concerned; providing that the minister may pay the expenses of other persons who are named by the minister as members of the board".

### Nursing Homes

WHEREAS the Board of Trustees of the Wilkie Union Hospital are seriously concerned by the high hospital occupancy by elderly patients occupying hospital beds and requiring only nursing care, thereby reducing the efficiency and the capacity of the hospital in providing services for the seriously ill,

THEREFORE BE IT RESOLVED that this convention go on record urging the Department of Social Welfare to expedite the erection and establishing of nursing homes in this province.

### Standard Assignment Form for Insurance

WHEREAS many insurance companies doing business in the province require assignment form of their own design which must be properly signed by the insured,

AND WHEREAS in most cases the insured has not the financial resources to make payment of the hospital account,

THEREFORE BE IT RESOLVED that the Saskatchewan Hospital Association recommend to the Superintendent of Insurance for the Province of Saskatchewan a standard assignment form for use by all insurance companies selling, in the province, insurance providing hospital benefits.

### Additional Provincial Laboratory

WHEREAS at the present time there is only one provincial laboratory to which Saskatchewan hospitals can refer specimens for laboratory reports.

AND WHEREAS at times due to train and mail connections the period of delay in obtaining reports renders these reports near useless to hospitals in the northern areas,

THEREFORE BE IT RESOLVED that the Saskatchewan Hospital Association ask the Department of Public Health to consider establishing a provincial laboratory in the northern part of the province.

### Indian Health Services

WHEREAS the Division of Indian Health Services of the Federal Department of National Health and Welfare, on behalf of its beneficiaries, consistently refuses to pay retroactive rate adjustments to hospitals,

WHEREAS such refusal means in effect that private patients, and government and other agencies are subsidizing the cost of providing hospital care to beneficiaries of the Division of Indian Health Services,

THEREFORE BE IT RESOLVED that the Saskatchewan Hospital Association, on behalf of its member hospitals, make strong representation to the Government of Canada urging that the Division of Indian Health Services change its policy in respect to retroactive rate adjustments in such a way as to conform with the policy now being followed by other federal and provincial agencies.

### Automobile Accident Victims

WHEREAS the Government Insurance office has consistently refused to pay the cost of hospitalization on behalf of automobile accident victims who are delinquent in paying their hospital tax,

WHEREAS this refusal in effect means that the Saskatchewan Hospital Services Plan, through its bad debt allowance to hospitals, is subsidizing the cost of providing automobile insurance benefits to victims of automobile accidents,

THEREFORE BE IT RESOLVED that the Saskatchewan Hospital Association, on behalf of its member hospitals, make strong representation to the provincial government, urging that the policy with respect to paying hospital claims on behalf of delinquent taxpayers be changed to permit the hospital to recover from Saskatchewan Government Insurance in the same manner as other providers of health services.

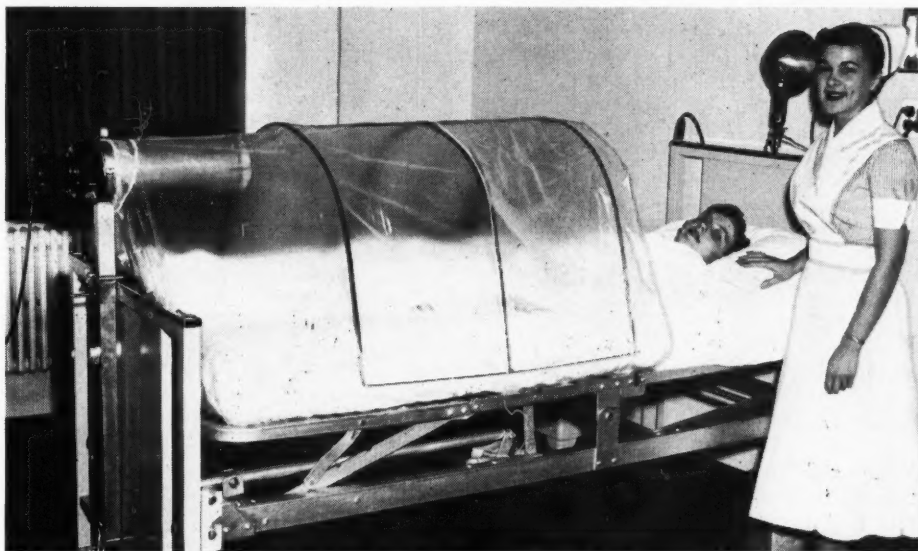
### Scholarships for Technicians

WHEREAS there exists a difficulty of attracting professional personnel such as laboratory technicians for duty in small hospitals, and because of the tendency of technicians in small hospitals to gravitate to larger centres,

BE IT RESOLVED that the S.H.S.P. should admit as operating expense any reasonable expenditure for tuition scholarship for a local Grade XII graduate to undertake ap-

*(concluded on page 88)*

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**O.H.A. Section Meetings**  
(continued from page 64)

the public". In seeking to reduce the possibility of legal action against the hospital, the best approach is to encourage teamwork, alerting individual department heads and promoting consciousness of their responsibility on the part of all personnel. Administrators now look more closely at the activities of each department, the meeting was told, and require more frequent reports from department heads.

This discussion brought out the fact that every hospital should be protected against liability on the part of any member of its staff, and it was recommended that existing policies should be examined to see if they do provide adequate coverage.

A number of incidents were reviewed in which legal action followed errors in medication. In speaking of responsibility for errors occurring during administration of medications, Miss McLean deplored the difficulty encountered in persuading doctors to write their orders and stand behind them. Confusion resulting from faulty interpretation of verbal or telephoned orders was the cause of many such errors, it was believed. "Fortunately, blind obedience to doctors' orders is no longer in vogue", Miss McLean stated. "Nurses do not question the doctor's orders but they reserve the right to ask him to verify what he has ordered."

**Purchasing and Stock Control**

Mr. D. Wickenden, purchasing agent, Toronto East General and Orthopaedic Hospital, outlined the procedure for purchasing drugs where completely centralized purchasing is carried out. There are obvious advantages with such a system where the pharmacist submits his specifications to the purchasing department but is relieved of the burden of paper work; although some pharmacists are unfortunate in having their specifications disregarded and being obliged to accept pharmaceuticals of inferior quality. T. A. McNab, chief pharmacist of Mt. Sinai Hospital, outlined stock room procedures, requisitioning, and other features which help to ensure proper control of drugs in the hospital.

At the noon luncheon which has come to be the highlight of this meeting, the guest speaker

was Roger Larose, manager of the pharmaceutical department of Ciba Company and member of the faculty of pharmacy, University of Montreal. Mr. Larose's address "I am Proud to be a Pharmacist" explained in some measure the reputation he enjoys across Canada for a high degree of ability, scholarship, and professional integrity. He was introduced by a fellow member of the Canadian Council of Pharmaceutical Faculties, Mrs. Isabel Stauffer, and D'Arcy Thompson moved the vote of thanks.

**Administration**

M. R. Kneifl of St. Louis, executive secretary of the Catholic Hospital Association and well known to hospital pharmacists in Canada as architect of the Point Rating Plan for hospital pharmacies, opened the afternoon session with a paper on Administration. Pharmacists frequently concentrate on the technical and professional aspects of their calling and are inclined to be weak on the organization and administering of their departments. The basic principles which go to make up good management in any organization were here applied to pharmacy.

The handling of Radioactive Isotopes was discussed by James C. Searles of Abbot Laboratories' Oak Ridges laboratory and by Dr. W. Paul of the Department of Pathological Chemistry of the University of Toronto.

**Personnel Problems**

The acute shortage of hospital pharmacists made the panel discussion on "Personnel Patterns in Hospital Pharmacies" particularly significant at this time. Sister M. Columba of the pharmacy staff of St. Michael's Hospital, Toronto, Mrs. Isabel Stauffer, and Dean F. Norman Hughes of the Faculty of Pharmacy, University of Toronto, spoke of conditions of employment, enrolment and availability of personnel and plans for recruitment to hospital pharmacy. —*Sr. M. Ancilla.*

**Trustees**

**T**HE impact of industrial relations trends on hospital administration, trustee-medical staff and administration relationships, and the buying of hospital insurance were the topics stimulatingly presented and discussed at the meeting of the trustees' section.

Some recent trends in indus-

trial relations were outlined by Alexander Harris, chairman, board of trustees, Kirkland and District Hospital, Kirkland Lake. He pointed out that the steady reduction of the work week accompanied by a maintenance of the same take-home pay was resulting in a spiral of rising wages and rising costs — a spiral in which hospitals too were getting caught. The hospital is being continually affected by a steady rise of cost over which it has no control, it being impossible to raise fees to the point where the hospital is operating free of losses. The direct effect of these industrial developments is also felt very strongly in the field of personnel relations. With the advent of unions into hospitals, formal procedures and rules are substituted for the informal personal contacts which previously operated within the hospital team.

"Because of the increasing complexities of hospital and health service today, our wholly different economic conditions, and the ever-increasing demands upon these institutions, . . . hospital trusteeship now involves far more problems than ever before", stated Raymond P. Sloan, president, Modern Hospital Publishing Co., New York, N.Y. More and more board members are becoming confused about hospital affairs, some being under the delusion that hospitals are big business. As a result, greater responsibility is being placed on the administrator. This trend may result in the administrator becoming the over-all executive director of the hospital, the trustees involving themselves in the broader phases of health care, Mr. Sloan prophesied.

The usual pattern of relationship between the trustees, the medical staff and the administrator was considered by Mr. Sloan. He pointed out that the trustee becomes the most confused in his encounters with the medical staff, who are well fortified by their professional parlance and ethics. The doctor himself, in his medical course individually orientated, not team-orientated, is sometimes confused about the organizational pattern of the hospital. The administrator stands in the middle and must hold the two component parts together. Mr. Sloan suggested many ways

(concluded on page 86)



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#### O.H.A. Convention (continued from page 53)

best be carried out by a team of experts, but, since the services of specialists were unavailable in the smaller centres, the onus there falls on the general practitioner. It is to the latter group that Dr. Coffey addressed the remaining section of his paper, outlining a possible procedure in the assessment and rehabilitation of a disabled person.

A complete history of a patient's background should be taken, along with a thorough physical examination and laboratory tests. A partial assessment of the patient can be made then, and later modified by reviewing the following contributing factors: the patient's acceptance of disability; the presence of depression in the patient; family problems; the relation of the disability to the patient's previous occupation; and the local employment situation. The patient should be aided in his search for a job: "We, as doctors and technicians, should conduct a campaign among ourselves to assist the disabled individual to present himself with his best foot forward, remembering industry is not a charitable institution or the Great White Father, that it expects value and an unvarnished opinion of the applicant's physical and mental status".

#### Towards Standardization

Dr. Cuyler Y. Hauch, Chief of Surgery at the General and Marine Hospital, Owen Sound, addressed the convention, at its final afternoon session, on "Medical Staff By-laws and Regulations". Indicating the role that these laws play in the accreditation of hospitals, Dr. Hauch suggested that every hospital examine its practices and see that it is legally abiding by the regulations set forth under the Ontario Public Hospitals Act on which all medical staff by-laws are based. The function of by-laws, he said, is to *interpret* the Act according to bed capacity, constitution of staff, and availability of services. They are meant to assure the governing board of maintenance of standards set out in the Act, and of adherence to ethical practices in the hospital. The Board, through the Act, is responsible to the community and to government for all activities and services in its hos-

pital, including the activities of its medical staff, who, according to the Act, are appointed annually. Dr. Hauch mentioned that a model set of by-laws is available in its second edition for the guidance of hospitals attempting to make their own by-laws. He quoted from it: "If the hospital board wishes to have the hospital accredited by the Joint Commission on Accreditation of Hospitals, some provision against fee-splitting must be included in the by-laws". He also recommended that the more isolated hospitals apply to consultants to advise staff and board as to the "granting of privileges", in order to safeguard their patients. Medical staff and board alike, he said, would profit by annual, impartial outside inspection, critical, but helpful. He called to mind a case in London which clarified the rule that the board has the right to discipline medical staff members under the by-laws. In discussing fee-splitting, Dr. Hauch recalled the terms of the Columbus Plan, to be signed by every surgeon or obstetrician on the hospital staff, as protection against the "unethical" use of the "composite fee". The most recent application form of the Joint Commission on Accreditation of Hospitals contains a promise to abide by the by-laws and not to engage in fee-splitting in any form. Dr. Hauch noted that by-laws, rules and regulations, and ethics are the responsibility of the hospital board, and responsibility is delegated to the medical staff. He suggested that the question of discipline under these by-laws be left to joint action between the Ontario Hospital Association and the Ontario Medical Association, and that medical staff members requiring discipline be sent to the Royal College of Physicians and Surgeons of Canada, "the proper disciplinary body of organized medicine". Then, Dr. Hauch felt, every board and every staff member would be willing to undertake discipline under the Act.

The last speaker at the convention gave a significant review of hospital accreditation in Ontario. Dr. E. Kirk Lyon, Chairman of the Canadian Commission on Hospital Accreditation, stated that for 35 years, hospitals in Canada have been served through the earlier standardization program of the American College of Sur-

geons and since 1953 by the Joint Commission on Accreditation of Hospitals in Chicago. Dr. Lyon felt that a purely Canadian program was advisable and he indicated that January 1st, 1958, has been set as a tentative date for the setting up of such a Canadian service. Dr. Lyon referred in some detail to the basic criteria demanded by the accreditation program. He stressed its educational and moral value, going beyond the practical function of "evaluating our stewardship in hospitals" to improve hospital service and encourage dedicated effort on the part of hospital personnel. He referred to the United States, where Blue Cross pays a lower rate to unaccredited hospitals, and interns train only at accredited hospitals. He said the initiative to start working toward accreditation rests mainly with the individual hospital, and the desired lasting result is to instill the *spirit of accreditation* in the hearts of its personnel.

#### Special Features

Taking part in the opening session of the convention were the Reverend F. G. Stewart, Dr. Sidney Smith, His Worship Mayor Nathan Phillips, and Mr. George Sharpe, president of the Exhibitors' Association of Ontario. President Mrs. C. McLean thanked all committees assisting the Hospital Services Commission. She reported the resignation in the spring of Mr. A. J. Swanson as secretary-treasurer of the O.H.A. and the succession of Mr. Stanley Martin to this position. The Hospital Services Commission, headed by Mr. Swanson, Reverend John Fullerton, and Dr. J. B. Neilson, will be complemented by various related groups such as the Hospital Services Training Commission and the Joint Liaison and Policy Committee. Much thought has been given, said Mrs. McLean, to the development of a purely Canadian Commission for the accreditation of hospitals. Work has also been done toward amending hospital by-laws and toward establishing an Advisory Appeal Council to settle hospital-medical staff disputes.

Mr. Stanley Martin reviewed aspects of the Blue Cross plan for hospital insurance and the role played by the Ontario Hospital Association in co-operative projects. Among these were: educational programs of the Canadian

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Hospital Association in hospital organization and management and for medical record librarians; programs of disaster planning; preparation of a revised edition of the Canadian Hospital Accounting Manual; "job descriptions" work by a special committee of the O.H.A., and an annual survey of salaries and wages.

One feature which has become a part of the convention was the panel discussion for Toronto high school students on hospital careers, directed by Eugenie M. Stuart, associate professor, Hospital Administration, University of Toronto. The members of the panel, representing twelve various hospital careers, provided information about the training they received and the nature of their job. The audience participated enthusiastically in the discussion, directing many questions to the members of the panel.

Gratitude for Mrs. McLean's fine service to the Association was shown, in some small measure, by the gift to her of a book containing her own writings of the series, "It's Your Hospital". The

excellent reporting work done by Ken MacTaggart of the Toronto *Telegram*, in interpreting Ontario hospital news, was recognized through the presentation of a citation and a pen set at Monday's opening luncheon. Mrs. McLean paid tribute to the years of service with the O.H.A. of Mr. Swanson, presenting him with a hi-fi phonograph set.

The exhibitors again showed enthusiasm in displaying their latest hospital equipment and supplies, and gave an enjoyable evening's entertainment after the banquet, providing guest artists and orchestra. They presented gifts to Mrs. McLean and to Mr. Swanson. A special edition of the *Toronto Globe and Mail* brought hospital and convention news to the attention of the public and sparked much interest among the delegates.

#### Officers Elected

Officers elected for 1956-57 are: Hon. Mackinnon Phillips, M.D., C.M., *Honorary President*; Mrs. Charles McLean, *Honorary Vice-President*; C. V. Charters, *Presi-*

*dent*; H. M. Jackson, *President-Elect*; Rev. James Ferguson, *Sister St. Philippe*, J. E. Sharpe, M.D., *Vice-Presidents*. Stanley W. Martin is *Executive Secretary-Treasurer*.

#### School of Hospital Administration Established in Australia

A school of hospital administration has been established at The New South Wales University of Technology in Kensington, N.S.W., Australia. Dr. S. B. Hatfield, general secretary of the Australian Hospital Association, has been named as professor of hospital administration. In preparing the new program, Dr. Hatfield has had the assistance of Gerhard Hartman, Ph.D., director of the graduate course for hospital administrators at the College of Medicine, State University of Iowa, Iowa, who spent some weeks in Australia. The course is sponsored by the W. K. Kellogg Foundation. Among the services to be offered by the new school will be a library of hospital literature.

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**Manitoba Resolutions**  
(concluded from page 66)

tional Department of Health and Welfare to the provinces excludes depreciation on buildings and fixed equipment and interest on capital debt as a reimbursable element of cost,

AND WHEREAS these items of expense are recognized and necessary elements of hospital cost,

AND WHEREAS their exclusion in any reimbursable cost formula would preclude adequate future development and replacement of hospital physical plants,

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba oppose the establishment of any reimbursable cost formula which excludes depreciation on buildings and fixed equipment and interest on capital debt.

**Accreditation**

WHEREAS a purely Canadian program on hospital accreditation has been proposed by the Canadian Commission on Hospital Accreditation with a target date of January 1st, 1958,

AND WHEREAS the inspection service currently provided by the

Joint Commission on Accreditation of Hospitals is adequate,

AND WHEREAS it does not appear at this time that the service would necessarily be improved by the resources available for a purely Canadian program,

NOW THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba oppose the implementation of the purely Canadian program on accreditation of hospitals on the suggested target date of January 1st, 1958.

**Inclusive Rates**

WHEREAS after detailed and considered study by the Board of Directors of the Associated Hospitals of Manitoba it is deemed desirable and practical to establish an inclusive rate system for hospital charges in Manitoba,

AND WHEREAS among many other advantages, it is evident that this system would decrease the administrative load in hospitals with resulting financial savings to the people of Manitoba,

AND WHEREAS this system would contribute to better public relations by having daily hospital

charges set out clearly and in simple form,

NOW THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba recommends to its member hospitals that effective April 1st, 1957 a system of inclusive rates be established.

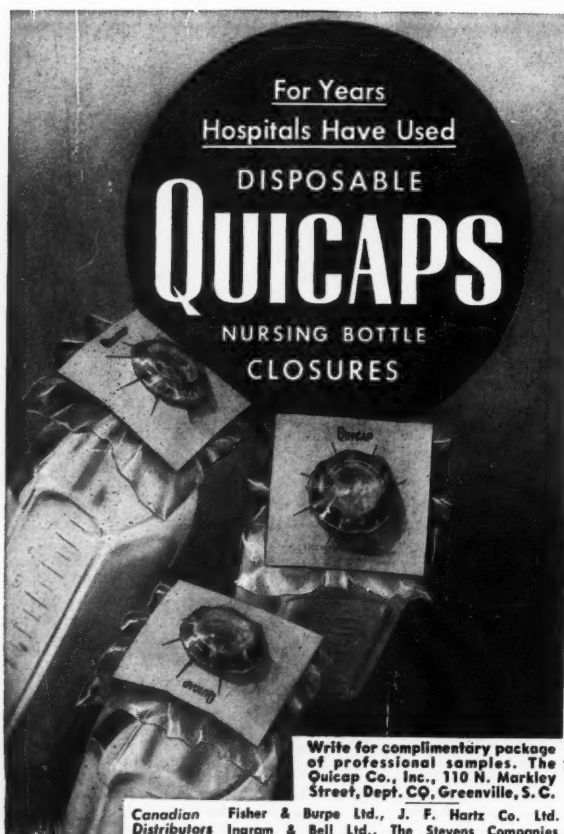
**In Appreciation**

Appreciation was expressed by the members of the Associated Hospitals of Manitoba for the efforts of the officers and directors; to the speakers who contributed so much to the success of the meeting; to the exhibitors; to the manager and staff of the Royal Alexandra Hotel; to the press and to the nine organizations participating with the Associated Hospitals of Manitoba in this conference. Approval was expressed of the actions of the Board of Directors in the conduct of the business of the corporation since the last annual meeting.

It is good to be children sometimes, and never better than at Christmas, when its mighty founder was a child Himself.—  
*Dickens in "The Christmas Carol"*

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**Sask. Cath. Con. Resolutions**  
(concluded from page 58)

own initiative, to strengthen the weaknesses of their schools, even before the evaluation program begins.

**Payment of Conciliators**

BE IT RESOLVED that section 94 of the regulations made under the Hospital Standards Act (O.C. 1931/56) be amended as follows: *Delete* the whole of the first sentence, viz. "The expenses incurred by each member of the board of conciliation in serving as a member

of such a board, shall be paid by the association or organization which nominates him, providing that the minister may pay the expenses of other persons who are named by the minister, as members of the board." *Substitute therefore the following:* "The expenses incurred by each member of the board on conciliation, in serving as a member of such board, shall be paid—in the case of the representative of the Saskatchewan Association and the Catholic Hospital Conference of Saskatchewan

by the board of governors of the hospital concerned; in the case of the representative of the College of Physicians and Surgeons of Saskatchewan, by the physicians concerned, providing that the minister may pay the expenses of other persons who are named by the minister as members of the board.

**O.H.A. Sections**

(concluded from page 78)

by which a more cohesive hospital unit could be formed: by keeping trustees well-informed and aware of their responsibilities; by holding regular conferences between the medical staff and the trustees; by emphasizing the need for doctors in training to be orientated with respect to hospital affairs; by giving the administrator a chance to do big things, to get out and see what is doing generally in the hospital field.

R. Jeffrey, superintendent, the Royal-Liverpool Insurance Group, Toronto, discussed the requisites for intelligent buying of an insurance program. He emphasized the importance of handling the program through one agent, the result being a more cohesive and comprehensive program. An adequate coverage, according to Mr. Jeffrey, takes in the following four categories: direct damage to building and contents; damage and loss resulting from crimes; legal liabilities to the public at large; potential loss in earnings. Such a program should leave no gaps in the coverage, provided that all is insured to value.—  
*Elizabeth Bruce.*

**A.C.S. Course on Fractures**

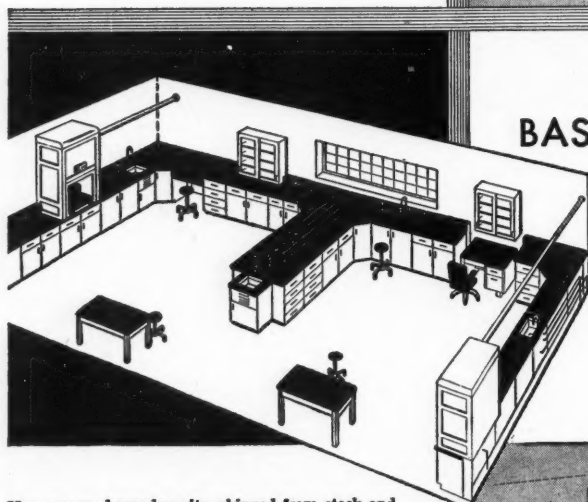
An intensive course on fractures and other trauma will be offered to all interested members of the medical profession by the Chicago Regional Committee on Trauma of the American College of Surgeons. The course, under the direction of Dr. Sam Banks, will be held from April 10 to 13, 1957, at the John B. Murphy Auditorium, 50 East Erie St., Chicago.

Lectures and demonstrations will be conducted by distinguished surgeon-teachers of the Chicago area, all recognized as authorities in their fields. Clinical cases will be presented, and discussion and questions from the floor are invited.



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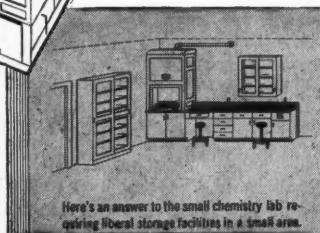
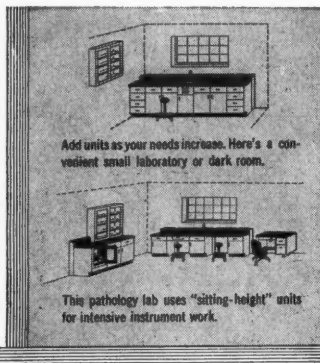
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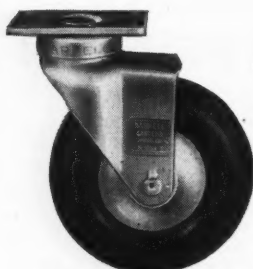
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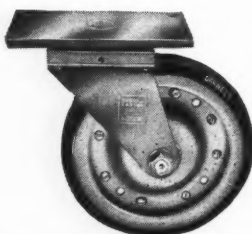


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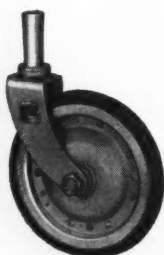
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**Sask. Convention Resolutions**  
(concluded from page 76)  
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tal.

### Nurses' Salary Schedule

WHEREAS the scarcity of regis-  
tered nurses in this province is a  
very serious problem and in order  
that some incentive should be given  
our present registered nurses and  
those senior students about to  
graduate to stay in the Province of  
Saskatchewan,

BE IT RESOLVED that the incoming  
executive of the Saskatchewan  
Hospital Association request the  
council of the Saskatchewan Regis-  
tered Nurses' Association to work  
with them on this problem with a  
view to revision of the present  
salary schedule as soon as possible.

### Life Membership to Dr. Wynn

It was resolved to bestow a life  
membership in the Saskatchewan  
Hospital Association on Dr. S. N.  
Wynn of Yorkton, Sask., in recog-  
nition of his generous donation of  
time and experience to the hospi-  
tals of Saskatchewan over a 25 year  
period.

### Approval of National Plan

It was resolved that the Sas-  
katchewan Hospital Association  
record approval of a National Hos-  
pital Insurance Plan, and that any  
recommended plan must include as  
an item of operating expenses, de-  
preciation on building and equip-  
ment and interest charges on capi-  
tal debt.

### Appreciation

The association expressed its  
appreciation and extended a vote  
of thanks to the hospital auxiliaries  
for their valued contributions; to  
the exhibitors representing the va-  
rious supply houses; to the speak-  
ers; to the Canadian Hospital As-  
sociation for its continued interest  
and assistance and expressly for  
making possible the presence of  
Dr. Turner and Dr. Piercey at the  
convention; to the executive of the  
association, the Bessborough Hotel  
and others responsible for the con-  
vention arrangements; and to the  
Saskatoon Star Phoenix, the radio  
and T.V. station for their excellent  
coverage of the meeting.

### Improved Name

Supplementary letters patent  
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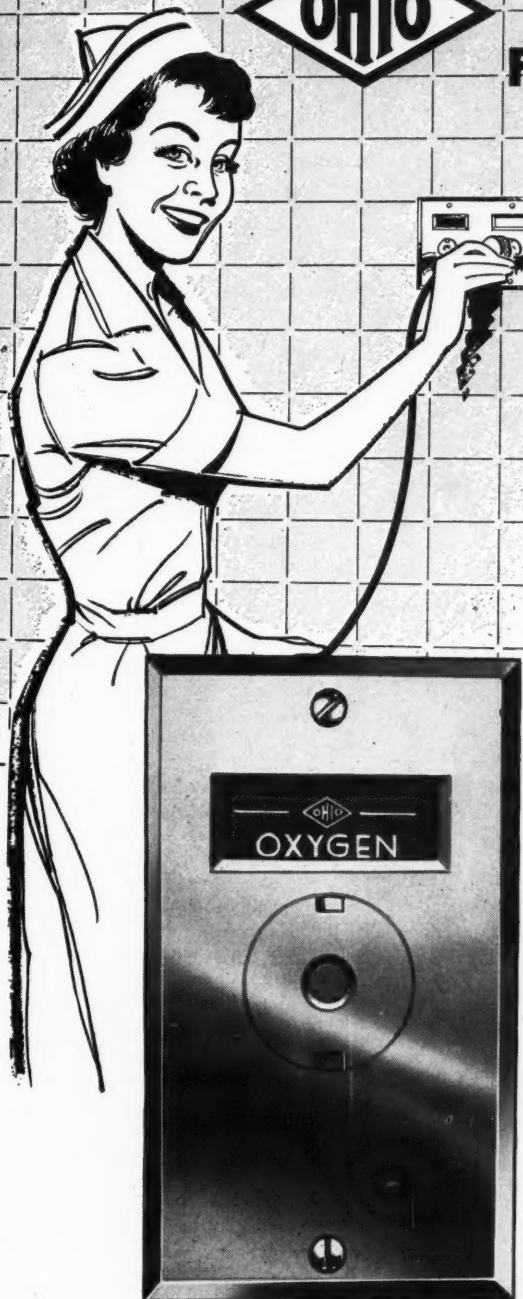
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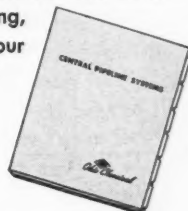
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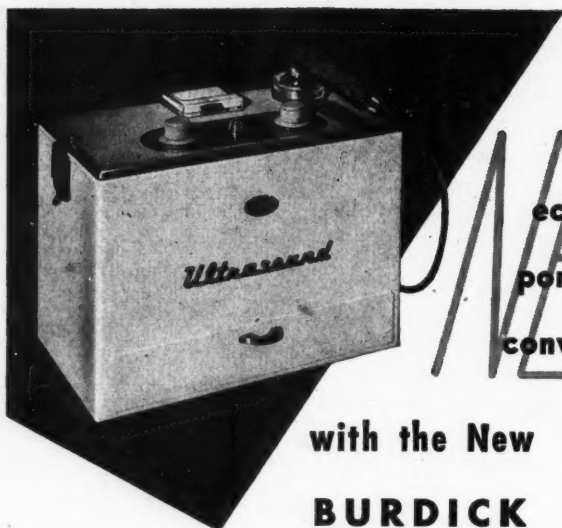
An OHIO PIPING SYSTEMS CATALOG, just published, covers all aspects of central piping installation and modernization — in old or new hospitals. Sections include service outlets, line shut-off valves, metering devices and adapters, manifolds, bulk oxygen units, vacuum equipment and air compressors. Still other sections contain data on pipe sizing, specifications and regulations. For your free copy, please write Dept. CH-11



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Inter. Congress of M.R.L.'s  
(continued from page 55)

tee of the American Medical Association for the Standard Nomenclature of Diseases and Operations discussed this classification and mentioned the reasons for its completeness and the need for exact terms. A third speaker Dr. Jean Felton, professor of preventive medicine, University of Oklahoma School of Medicine, dealt with the uses and needs for morbidity statistics in the industrial health field. Dr. Winfield ably summarized the discussion.

Reports were given on two projects which had been studied in the interval between the first (1952) and second congresses. "Diagnostic Indexes and Classifications" had been named International Study Project I, and was discussed at a session presided over by Mrs. Ruth Melby, Royal Columbian Hospital, New Westminster, B.C., president of the Canadian Association of Medical Record Librarians. Surveys had been conducted in hospitals in Great Britain, United States and Australia to obtain data on the number and types of hospitals which keep diagnostic indexes, the classification on which the index is based in each case and on the usage of the index. F. D. Bushel, medical record officer, Westminster Hospital, London, England, reported that it would appear that the International Statistical Classification is more widely used in the British Isles than any other. Dorothy Kurtz, chief medical record librarian, Presbyterian Hospital, New York City, recalled that the need for indexes had influenced the development of the medical record librarian profession. The indexes which are kept in some hospitals are not necessarily suitable — some being of a size which is out of proportion to their use, was an opinion of the speaker. M. Loyola Voelker, director of the Medical Record Library School, U.S. Public Health Service Hospital, Baltimore, explained that since 1950 the diagnostic index in her department has been based on both the I.S.C. and the S.N.D.O. The codes and headings of the I.S.C. are used and under these broad groupings, the specific diagnoses are written on the index cards according to the terminology of the S.N.D.O. Miss Voelker felt that

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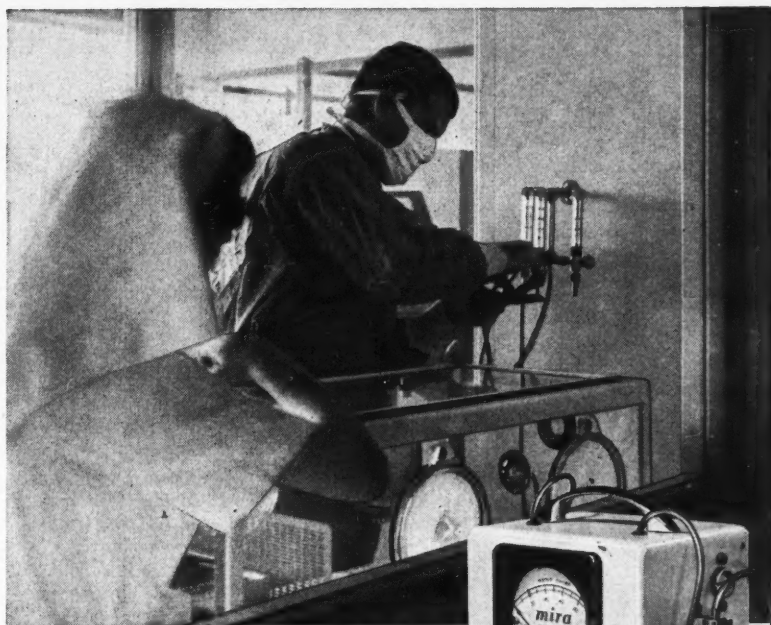
there were definite advantages to this dual indexing. Edna Beattie, senior medical record librarian, Royal Melbourne Hospital, Melbourne, Australia, commented on the use of diagnostic indexes in her country.

The second international study project concerned the "Retention of Records". From the reports submitted by the British representative, K. J. Bailey, Royal Free Hospital, London, and the American reporter, Sister Mary Yvonne, Firmin Desloges Hospital, St. Louis, it appeared that records are very little used after 25 years. The advantages and disadvantages of microfilming records were reviewed. Dr. Mary C. Puckey, administrator of the Rachel Forster Hospital for Women and Children, Sydney, Australia, had somewhat the approach of the medical researcher in her view that with the rapidly changing medical scene, old records might be invaluable and should be kept no matter what the cost of retention.

Mary Edmondson, medical record librarian, Ontario Tumour Registry, Hamilton General Hospital, was a speaker on a panel which considered "The Medical Record Librarian's Place in the Integrated Health Program." Doris McPherson, supervisor of the extension course for training medical record librarians, Canadian Hospital Association, Toronto, gave the Canadian report on the panel which discussed "The Education and Training of Medical Record Librarians."

At the business meeting of the congress, it was approved by the official delegates and other representatives that a third international congress be held four years hence in a city in Europe. It was proposed that an international federation be set up and a recommended constitution was considered. A report of this meeting was read to the assembly. The report of the Resolutions Committee was read and adopted. The final resolution was that a vote of thanks should be extended to the American Association of Medical Record Librarians for the splendid program prepared for the congress. This resolution was heartily endorsed by all in the Canadian group.

*The annual meeting of the C.A.M.-R.L. held in Vancouver, will be reported next month. — Edit.*



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**Sask. Convention**  
(continued from page 42)

Whitehall, obstetrical supervisor of the University Hospital, participated in a panel on "Nursing Research—Education to Service". This panel was presented on behalf of the board of administration of the centralized teaching program for student nurses in Saskatchewan. The panel traced the roots of the present system of nurse education and outlined what is expected of the graduate nurse today in that she is expected to be all things to all people. It was contended that in many cases the demands of nursing service dictate the student's experience rather than what is required to give her a broad basic outline of the skills she needs.

Miss Wilson called for the accreditation of nursing schools on a voluntary basis, stating that improved nursing service through better preparation of students would follow. "If the role of the nurse has changed in order to meet the new health requirements of the people, and if nursing services have had to be re-organized

in order to satisfy the new responsibilities which the nurse is called upon to assume, it would seem logical that the fundamental basis of education for nursing should also undergo profound changes," Miss Wilson said.

For future improvement of nursing services, Prof. Keeler raised a trio of questions for consideration: (1) Should the old Model T curriculum be scrapped altogether and an entirely new chassis be built? (2) Should the nursing schools be free to select students who would be suitable for modern nursing experience? (3) Should central schools be tried? Central schools of nursing are operating in both Finland and Sweden, two countries noted for their excellent health services, she pointed out, adding that the schools are autonomous, though supported by the government.

Miss Whitehall said the shortage of nurses was due to expansion of the service all over Canada and not a decrease in the number of girls entering the profession. For this reason they had to make the most of available personnel.

A plan for nursing research is needed, Miss Whitehall said, since nursing service must be evaluated in order to prepare for the future. Present graduate nurses should be encouraged to assume leadership responsibilities and auxiliary staff used to the height of their ability. Miss Whitehall suggested a consultant service in the province to help in solving the nursing problems. She stressed as most important that nursing education must be made to turn out graduate nurses trained to cope with present day and even future nursing.

**University Hospital**

"The role of the University Hospital in Your Community" was the subject of an address by Dr. A. L. Swanson, executive director, University Hospital, Saskatoon. The three cardinal functions of any hospital are in the spheres of patient care, education, and research. Dr. Swanson outlined how the University Hospital, in fulfilling these three functions, serves all the population of Saskatchewan and assists all hospitals in the province. His

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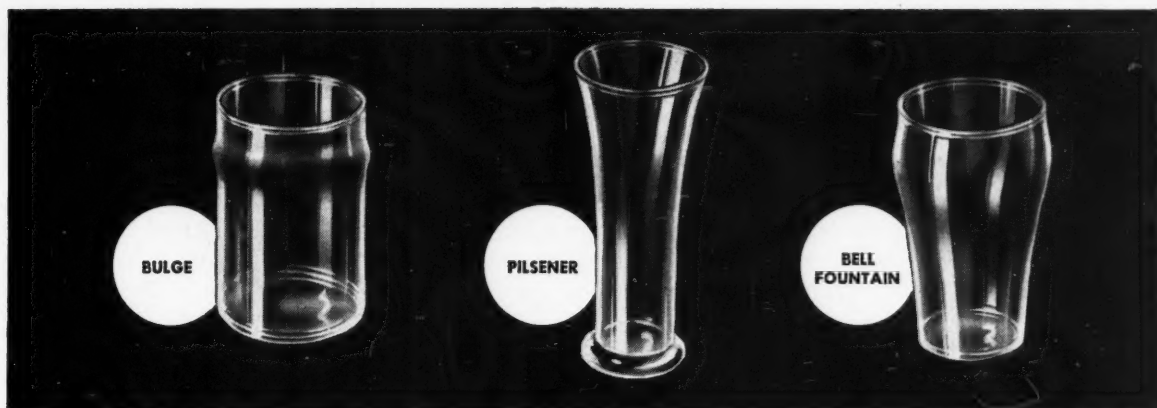


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address was accompanied by the use of lantern-slides depicting various technical features of the university in the sphere of patient care and research.

A group of officials from the Provincial Department of Health, under the chairmanship of Percy Hunt, answered questions relating to the Saskatchewan Hospital Services Plan.

When the three-day convention adjourned, many of the 280 delegates who had attended expressed the view that the 38th convention was one of the best in the association's history.

### Twenty Years Ago

(The "Canadian Hospital", December, 1936)

Unfortunately, courses for hospital administrators have not yet been established in our universities, but I am happy to say that a complete plan for courses in hospital administration leading to a university degree in this work will receive final consideration by the sponsoring body, the American College of Hospital Administrators, in February of this coming year. This curriculum, it is hoped, will be established in three or four of the leading universities at an early date. Until such a course is established the route to hospital administration is through the avenue of apprenticeship.

The spring of this year marked the inauguration of our new Journal the "Canadian Hospital" (the acknowledged mouthpiece of the Council).

Observing the serious predicament of the doctors in British Columbia, the Ontario Medical Association has decided not to await the announcement of a compulsory state plan subject to all the hazards of political pressure, but to set up as opportunity offers voluntary comprehensive plans of health insurance in selected areas. These plans would provide medical care, hospital care (in part at least) and various other benefits. Ultimately these experimental areas could be linked up in a province-wide plan, indigents and relief recipients brought in by means of governmental and municipal assistance, and irrefutable actuarial experience obtained should a state plan on a compulsory basis be considered desirable later on.

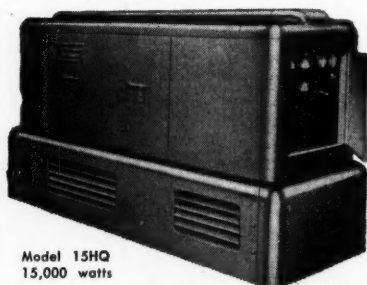
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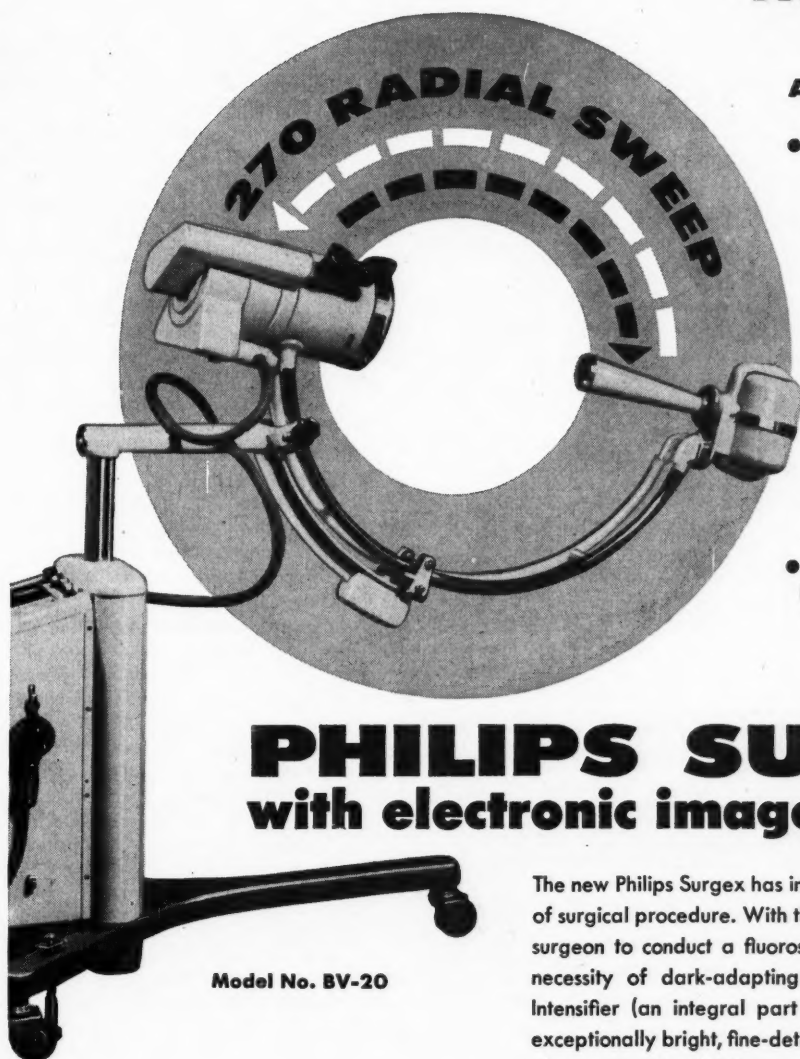


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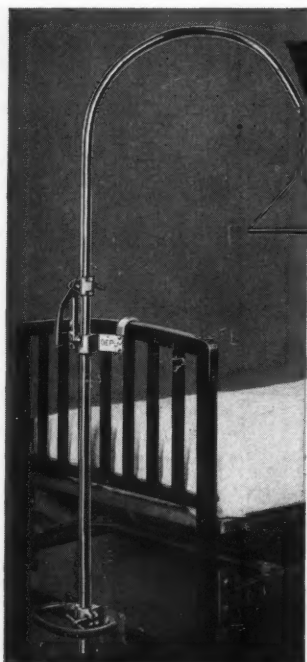
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**Approval of By-Laws**  
(continued from page 59)  
and may amend, repeal or re-enact the by-laws, rules, or regulations; and

(b) within two weeks after the enactment, passing, or establishment, of the by-laws, rules, or regulations or any amendment, repeal, or re-enactment thereof, submit them to the minister for approval.

(2) No by-law, rule or regulation mentioned in subsection (1) shall have any validity or effect until it has been approved in writing by the minister."—M. R. Elliott, M.D., Deputy Minister of Health.

### Ontario

In the province of Ontario, it is laid down by regulations under the Hospital Act, that all hospital by-laws, including medical staff by-laws, must be approved by the Lieutenant-Governor-in-Council.

It should be noted that the Provincial Government, in co-operation with the Ontario Medical Association and the Ontario Hospital Association, has drafted specimen by-laws for the guidance of hospitals.

These are distributed to the hospitals and contain all the major points which should be covered in any hospital by-laws. Changes are permitted to meet the individual requirements of hospitals if so desired. — A. J. Swanson, Chairman, Ontario Hospital Services Commission.

### Quebec

I am pleased to inform you that most of the cases are approved by the Provincial Government when the hospitals are incorporated. — Jean Grégoire, M.D., Deputy Minister, Ministry of Health.

### New Brunswick

There are no regulations under which hospital by-laws or medical staff by-laws have to be approved by this province. — R. J. Dolan, M.D., Director, Hospital Services, Department of Health and Social Services.

### Nova Scotia

We have only two types of hospitals recognized under legislation: one, local hospitals—by this is meant a hospital receiving aid from the province under the Local Hospitals Act—such hospitals also receive aid from the municipality in which they are located.

The CANADIAN HOSPITAL



Two, provincial hospitals such as the Victoria General Hospital and Roseway Hospital—these operate under special acts.

In both instances, by-laws and regulations made by the boards operating the hospitals are subject to the approval of the Governor-in-Council. In practically all cases, the hospital by-laws sent in for approval include medical staff by-laws and the composite by-laws are approved by the Governor-in-Council. — J. S. Robertson, M.D., D.P.H., Deputy Minister, Department of Public Health.

#### Prince Edward Island

The following is a quotation from our Hospital Act: "Every board of management of a hospital shall enact by-laws or regulations for the proper operation of the business of the hospital, but such by-laws or regulations or by-laws presently enacted and enforced for the government and management of the hospital, or for prescribing the method and terms of admission thereto, or for defining and regulating the duties and powers of the officers and servants, thereof, shall be subject to approval by the Minister."

In this case "Minister" means a member of the Executive Council appointed by the Lieutenant-Governor-in-Council to have supervision over the administration of this Act.—O. H. Curtis, M.D., C.M., D.P.H., Deputy Minister of Health.

#### Newfoundland

There is no over-all legislation concerning hospital by-laws because of certain exemptions in the Act. In brief, the situation in Newfoundland is:

1. The St. John's General Hospital in St. John's is a provincially owned institution operated by the Department of Health and all its by-laws have to be approved by the Minister of Health.

2. The Western Memorial Hospital in Corner Brook is operated by a Board of Directors with government representation and, in practice, its by-laws have to be approved by the Minister of Health.

3. Other hospitals such as those operated by the International Grenfell Association and the Notre Dame Bay Memorial Hospital in Twillingate receive heavy subsidies from the Department of Health and any by-laws represent-

(concluded on page 100)

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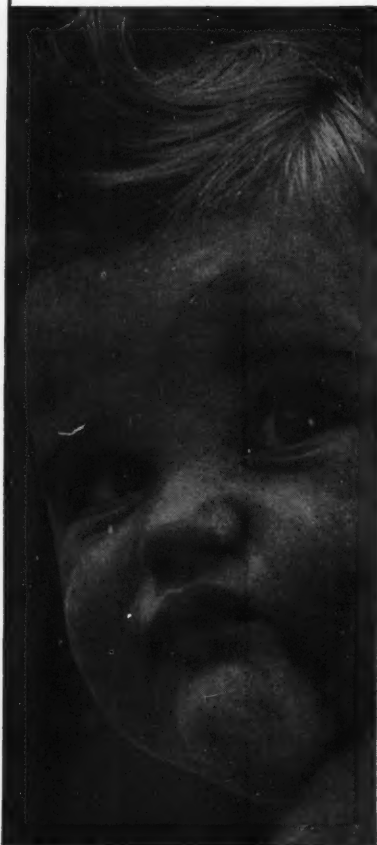
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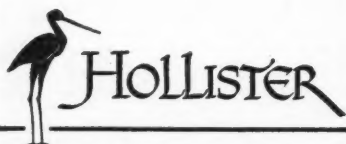
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#### O.H.A. Resolutions

(concluded from page 54)

AND WHEREAS this assistance has been a source of encouragement to the hospitals to extend their schools of nursing,

BE IT THEREFORE RESOLVED that application be made to the Ontario Hospital Services Commission and the Department of Health and Welfare of the dominion government that consideration be given to the provision of financial aid by way of grants to provide living accommodation for hospital interns.

#### Transient Indigents

WHEREAS it is extremely difficult to establish responsibility for payment of accounts incurred in treating indigents from other provinces,

AND WHEREAS there are no existing reciprocal arrangements between Ontario and other provinces respecting the care of indigents in general hospitals,

BE IT THEREFORE RESOLVED that this association petition the Ontario Hospital Services Commission to:

1. Provide adequate reciprocal

arrangements with other provincial governments, or

2. Provide some alternate whereby the hospitals in Ontario could be relieved of the serious financial burden imposed when it is required to provide hospital care for this type of patient.

#### Best Wishes

BE IT RESOLVED that the president of the Ontario Hospital Association be requested to extend the wholehearted appreciation of the association to Arthur J. Swanson for his services as executive secretary-treasurer and extend to him congratulations on his appointment as chairman of the newly created Ontario Hospital Services Commission and also extend to him and to Msgr. John G. Fullerton and Dr. J. B. Neilson the very best wishes of the association for every success in their new duties as members of the Ontario Hospital Services Commission.

#### Appreciation

The Association expressed its appreciation of the faithful services rendered by its employees; of the coverage of the sessions by the press, radio and television; of the co-operation of the exhibitors; and of the courtesies of the staff of the Royal York Hotel.

#### Approval of By-Laws

(concluded from page 97)

ing policy changes would, in practice, have to be approved by the Minister of Health.

4. Hospitals operated by the Salvation Army and by the Sisters of Mercy in St. John's do not necessarily have to submit their by-laws to this Department although in practice unofficial consultations on these matters actually take place.—*Leonard Miller, M.D., Deputy Minister of Health.*

#### Correction

Gremlins in the press room walked off with one line from the article entitled, "The Place of the Small Hospital under a national health service", by Dr. D. F. W. Porter, printed on page 51 of our November issue. The second sentence in the fourth paragraph should have read: "When this privilege has been granted, you will soon learn that a small hospital is far more important to its *community than is the large hospital*," The words omitted appear here in italics.

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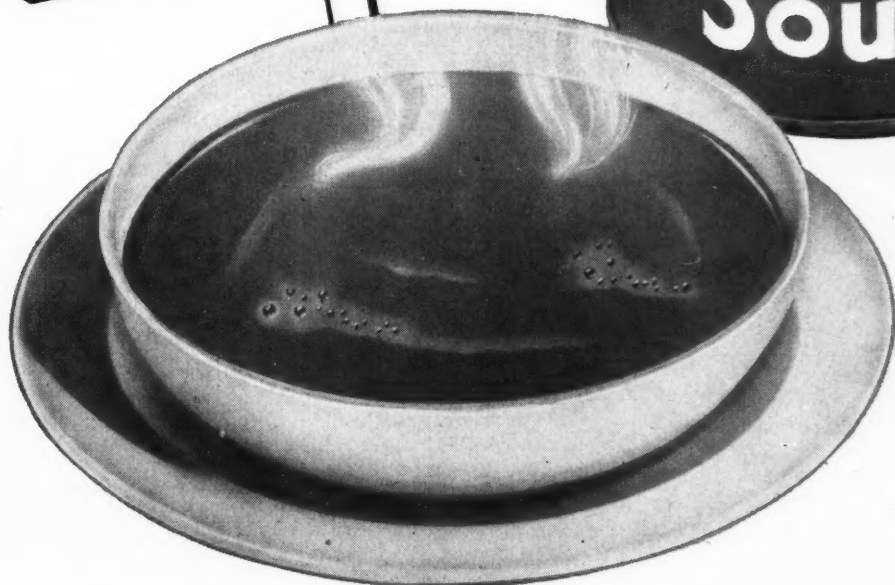
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# HEINZ Soups

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## ... Across the Desk

News Releases by Hospital Supply Houses

By C.A.E.

### New China-Cote Cup Introduced by Lily Cups

Lily Cup Limited are proud to introduce "China-Cote", the plastic-coated cup which incorporates many new features.

In preliminary laboratory tests, conducted for Lily by an independent agency, coffee served in Lily China-Cote Cups, as well as in plastic cups and china mugs, showed no change in flavour when tested by a panel of coffee experts.

This taste-free quality, an achievement long sought by the paper cup industry, is coupled with a truly china-like "feel" and a



rigidity and strength new in the evolution of the paper cup. The new China-Cote hot drink will be available for both vending and commercial use.

The fact that there is no coffee stain in the cup after use is another welcome feature. China-Cote cups have interlocking, broad base bottoms, to assure further strength and rigidity.

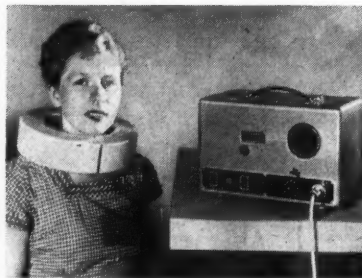
China-Cote is available in two designs—for vending use, a brown-and-white checked pattern with a conventionalized brown-leaf overlay, and for commercial use a white leaf pattern against a ceramic-tone gold, as illustrated. These cups will be available in 6, 7, and 8 ounce sizes, with and without handles.

### Measuring Radioactive Iodine In Thyroid Gland

In the diagnosis of disorders of the thyroid gland, use is often made of the radioactive iodine isotope  $I^{131}$ . The assimilation of iodine from the food is a measure of the activity of the thyroid gland and, in principle, can be easily investigated by administering a dose containing the radioactive isotope and determining the radioactivity of the thyroid on a number of consecutive days with, say, a Geiger counter tube.

In practice, determination of the radioactivity of the thyroid gland is a matter of some difficulty. The problem has been solved by using a ring of counter tubes connected in parallel, fitting like a collar round the patient's neck. Radiation, emitted in all directions by the thyroid, is then integrated (at least in one plate), and should the source be off-centre, a loss in one counter tube will be roughly compensated by the increased radiation received by the diametrically opposite tube.

Further information is available from Research & Control Instruments Division, North American Philips Company, Inc., Mount Vernon, N.Y.

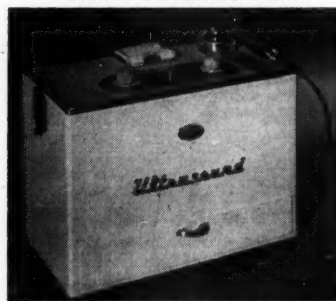


### Silicone Concentrate Protects Glassware

A radically new type of water soluble silicone concentrate called Siliclad that imparts a protective coating to glassware and other materials, is now being manufactured by Clay-Adams, Inc., New York. Siliclad, when diluted with ordinary tap water, may be used to coat glassware, ceramics, metal, rubber and plastic materials. Dipping such objects in the Siliclad solution gives them a water repellent silicone coating of molecular thinness that is chemically resistant to acids and organic solvents; and further, leaves a very hard, smooth and sparkling clear surface on the treated piece. Experience has shown that silicone-treated glass becomes scratch resistant, and subsequent breakage is reduced. A 4-ounce bottle of Siliclad Concentrate makes 25 pints of one per cent solution—enough to coat 650 dozen 6-inch test tubes.

Because it is water soluble, in contrast to earlier silicone compounds, Siliclad is easy to apply. For glass, ceramic and enamel products, the concentrated Siliclad is diluted 100 to 1 with tap water. The objects to be treated are simply dipped in the solution for five seconds, rinsed in clear water, and allowed to air dry for 24 hours. Metal, rubber, and plastic materials require a higher concentration (1.20), and should be immersed longer.

### Burdick Ultrasonic Unit



A new compact portable ultrasonic unit has been announced by the Burdick Corporation of Milton, Wisconsin. More economical and convenient than standard units, the new therapeutic instrument generates sufficient power for all ordinary therapeutic purposes.

By designing a unit weighing only 25 pounds, the lightest on the market, Burdick has developed an instrument which can easily be carried from a doctor's office to a hospital or patient's home.

(concluded on page 104)



## NEW FEATURES

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#### New Pfizer Plant at Arnprior, Ont.

On October 25th, at Arnprior, Ont., representatives of Canadian, Commonwealth, United States, Latin American and European governments attended ceremonies in connection with the opening of the Canadian plant of Chas. Pfizer & Co. Inc., the world's largest manufacturers of antibiotics.

The Honourable Dr. James J. McCann, Minister of National Revenue, and a physician, wielded a trowel instead of a gavel at the opening ceremonies, digging a sample of Canadian soil as a symbol of a Canada-wide search for a new antibiotic. Present for the occasion, in addition to John E. McKeen, chairman of the board and president of Chas. Pfizer & Co. Inc., officials of Pfizer Canada and of the international pharmaceutical company, were ambassadors from countries in which Pfizer has plants.

World-wide unity in the constant search for health was the theme of the ceremony which included, in addition to the dramatic soil sampling, a tour of inspection of the modern scientifically planned Canadian plant.

#### Announcing Name Change to Honeywell Controls Limited

A name change involving the Minneapolis-Honeywell Regulator Company Limited, with head office in Leaside, Ontario, has been announced by president, W. H. Evans. The Company will henceforth be known as Honeywell Controls Limited.

The change was made for several reasons, said Mr. Evans. It has the advantage of being shorter, it stresses the Honeywell name by which the company has become generally known and the inclusion of the word "controls" more accurately reflects the enlarged scope

of the company's present day operations.

Honeywell Controls Limited has begun an expansion program on a recently purchased 35-acre site in the Township of Scarborough.

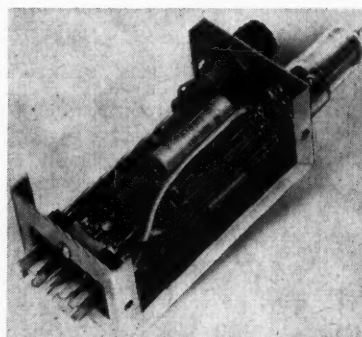
#### I.B.M. Electric Typewriter Has Electronic Tabulation

For the first time in history, electronics has been introduced to the typewriter. The result is that this oldest and most used office machine has learned to "read" while it writes.

The "reading" typewriter was unveiled recently by the electric typewriter division of International Business Corporation in New York, when it announced the new IBM Electric typewriter with electronic tabulation. In Canada, the IBM Electric Typewriter is manufactured at the Toronto factory of International Business Machines Company Limited.

The new typewriter feature specializes in the "reading" of prepared business forms which contain blank fill-in areas for the entry of date, order number, address, terms and similar data. Modern businesses, and hospitals, use

scores, even thousands of different varieties of such forms every day. And each time a typist rolls a different form into her typewriter she has to go through the process of manually resetting the tabulating stops so she can use her tab key to position the typewriter carriage properly for each fill-in area. The electronic "reading" feature of the new IBM typewriter eliminates these time consuming tabulating adjustments no matter how many different types of forms are placed in the machine. It is evident, therefore that the machine's "reading" ability will be of a great assistance to the typist and will make her work considerably less tedious.



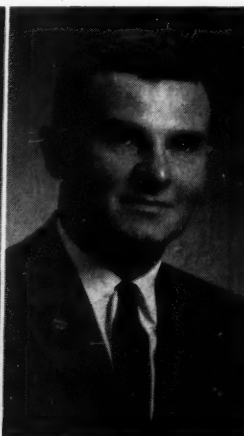
#### Representatives Appointed by Garland-Blodgett

Paul J. Kennedy has been appointed Western Ontario sales representative, while William B. Stone has been assigned to the Eastern and Northern Ontario area.

W. Les Marshall has been appointed as a representative for the Four Prairie Provinces by Garland-Blodgett Limited. Mr. Marshall will make his headquarters in Calgary.



Paul J. Kennedy



William B. Stone



W. Les Marshall

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